

Say

Thank you

to your

Guardian
ANGEL



If you've received exceptional care from a Via Christi Hospital physician, employee or volunteer, you may pay tribute to them by making a monetary gift in their honor to the Mercy Community Health Foundation Guardian Angel program. We'll recognize them with a letter of acknowledgement and a custom-crafted lapel pin.



Mercy Community Health Foundation

PO Box 13

Manhattan KS 66505

785.587.5462

Angel's name _____
Via Christi Hospital department _____ Campus _____

Please give us a brief description of how they made your stay so special: _____

Submitted by _____

Address _____

City, State, Zip _____ Gift Amount \$ _____

Phone _____ E-mail _____

Please return your gift card to: Mercy Community Health Foundation, PO Box 13, Manhattan, KS 66505.

Please note: Your message may be featured in a Mercy Community Health Foundation publication or website. Please indicate:

_____ I would like to remain anonymous.

_____ You may use my name. (Please indicate name for attribution, i.e. Smith family, Mrs. Jim Smith, J. Smith, etc.)
