

I am Grateful for...

I Would Like to Donate in Appreciation of:
(please provide caregiver's first and last name if possible)

Hospital Department or Unit:

Message (optional):



"We cannot thank your staff enough for the exceptional care and service provided us during your stay."

— A Grateful Patient

Grateful Patient Program

When "Thank You" isn't quite enough



"People will forget what you said, they will forget what you did, but they will never forget how you made them feel."

— Maya Angelou

 **Siskin Hospital**
for Physical Rehabilitation
"Caring People. Changing Lives."

 **Siskin Hospital**
for Physical Rehabilitation

One Siskin Plaza
Chattanooga, TN 37403
423.634.1200
www.SiskinRehab.org

“Siskin Hospital helped me realize that anything is possible... My therapists would never say I couldn't do something. They encouraged me to keep trying.”
 – Julia Anderson

Our motto, “Caring People. Changing Lives.” says everything about Siskin Hospital and its purpose. Our caring staff strives every day to help our patients meet their rehabilitation goals and return to the healthiest, most productive lives possible. People often tell us that words alone cannot express their gratitude for the work we have done to help them, their family member or friend regain mobility, strength and independence.

When someone goes above and beyond to take care of your needs, it can be hard to find a way to adequately say “thank you.”

The Grateful Patient Program was created so patients and their families can say thank you to those who played a special role in the care they received while at Siskin Hospital.

Whether you choose to salute a particular doctor, physician’s assistant, nurse, therapist, an entire department or a clinical program that impacted your health or that of a loved one, your donation is a meaningful



opportunity to give back to those who have given so much to you.

Your gift ensures that the same level of compassionate, high-quality care that you or your loved one received at Siskin Hospital will remain available today and for generations to come.

When you make a donation to the Grateful Patient program, the designated individual or group will receive notification informing them of your gift and gratitude.

“There are no words to express how grateful I am for believing in me and pushing me. You have given me the confidence to keep going.”

– A Grateful Patient

Yes, I want to honor those who have made a difference.

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

I would like to make a gift of \$ _____

Check made payable to **Siskin Hospital** and mailed to **Grateful Patient Program, One Siskin Plaza, Chattanooga, TN 37403**

MasterCard

Visa

Discover

Name on the Card _____

Card # _____

Expiration Date _____

Security Code _____

Signature _____

