Share your Story

Even if you can't make a donation today, tell us about your Guardian Angel. We will happily forward it on to them.

GUARDIAN ANGEL: (doctor, nurse, volunteer)
DEPARTMENT/FLOOR:
DATE OF STAY/VISIT:
STORY:

Thank You for Sharing!



I am thankful for:

The care of a special nurse

The knowledge and medical expertise of our doctor

The personalized attention I received from every person on the medical team

The smile of a volunteer

The state-of-the-art medical equipment that made a difference

The gift of restored health

Make a donation in honor of a McLaren Port Huron physician, nurse, housekeeper or other caregiver who made a difference in your visit or stay. When you do, they will receive an angel pin and you will help fund our many mission-driven health and education programs and services.

To donate online, visit mclaren.org/phangel or contact the McLaren Port Huron Foundation at (810) 989-3776.

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McLaren Port Huron Foundation 1201 Stone Street, Suite 11 Port Huron, MI 48060

Give your Guardian Angel Wings





Partners in Caring

Many of our patients and their families wish to express gratitude for the care they received at McLaren Port Huron. A gift to the McLaren Port Huron Foundation is a meaningful way to thank your doctor, nurse or other staff, while honoring the work they do.

Giving Back

On average, McLaren Port Huron incurs over \$15 million in charity care and bad debt annually.

As a non-profit hospital, McLaren Port Huron is committed to giving back to the community. These community benefit activities take on a number of forms — from educational programs to free or low cost health screenings to charity care. They are all part of our commitment to making a difference in the health of our communities.



YES, I'd like to honor my Guardian Angel

Please share your story on the following page $ ightharpoonup$
Name
Address
City
State Zip
Phone ()
My Gift of Gratitude Enclosed is my gift of \$
PLEASE MAKE CHECKS PAYABLE TO: McLaren Port Huron Foundation
PLEASE CHARGE MY: ☐ VISA® ☐ MASTERCARD® ☐ DISCOVER®
Name on card
Card #
Expiration date
V-Code (on back of card in signature block - last 3 digits)
Signature
PLEASE DESIGNATE MY GIFT TO: Area of greatest need
☐ Other
☐ I'd like to make an annual gift
☐ Please contact me with information about Planned Gifts
All gifts are tax deductible as allowed by law.

When obligation is met for current project, funds will be placed in area of greatest need.