

Hello humankindness®



Gifts from the generous donors of **Dignity Health Foundation-Inland Empire** are essential to our mission of serving the local community.

For more information on the Guardian Angels program or other ways you can give, please call the Foundation at **909.881.4516** or email FoundationIE@dignityhealth.org

All contributions made to the Foundation are tax deductible as allowed by law. **Dignity Health Foundation-Inland Empire** is a not-for-profit, tax exempt organization as described in section 501 (c)(3) of the Internal Revenue code.



P.O. Box 2637, San Bernardino CA 92406
Phone: 909.881.4516 Fax: 909.881.4531
www.supportsanbernardino.org
FoundationIE@DignityHealth.org



Guardian Angels
 Dignity Health Foundation Inland Empire

Honor your Guardian Angel

Thank a team member who made a difference in your care.



Dignity Health Foundation.
 Inland Empire



Please complete other side

PHONE NUMBER

EMAIL

CITY, STATE & ZIP

ADDRESS

NAME

909-881-4516

Or by calling the Foundation office at:

www.SupportSanbernardino.org

our secure website at:
 Credit Card Donations can be made on

I prefer to use my credit card:

Enclosed is my check made payable to:
 Dignity Health Foundation Inland Empire
 or DHFIE

Other \$ _____

\$25 \$35 \$50 \$100 \$500

Enclosed is my tax deductible gift of:

YES! I want to help Dignity Health Foundation-Inland Empire make a difference.



Give thanks for extraordinary care.

Dignity Health Foundation-Inland Empire is proud of our two Inland Empire hospitals, Community Hospital of San Bernardino, and St. Bernardine Medical Center, and our many team members who are dedicated to providing compassionate care to our patients; who know humankindness is the best medicine and practice it on a daily basis. They are our Guardian Angels.

Has one of our team members touched your life? Have you experienced the power of humankindness while at our hospital? The Guardian Angels program provides grateful patients and their loved ones the opportunity to thank caregivers and other team members who made a difference during their visit or stay by making a donation to the hospital in their name.

Your Guardian Angel will receive a card informing them of your thoughtful gift in their honor. In addition, they will receive a Guardian Angels pin at a special recognition ceremony and will also be recognized in our employee newsletter and on our website.



Your gratitude completes the circle of care.

By making a donation in the name of someone who has made a difference in your care, you will make a difference in the care of future patients. Your generous support will directly enhance patient care at our hospitals and help us to further our mission of improving the health and quality of life of the communities we serve.



Please provide the Guardian Angel's Name(s), Department(s) and indicate which hospital facility.

GUARDIAN ANGEL _____

DEPARTMENT _____

GUARDIAN ANGEL _____

DEPARTMENT _____

- Community Hospital of San Bernardino
- St. Bernardine Medical Center

I prefer to give anonymously.

Please contact me regarding a Planned Gift, Will or Estate Gift.

I would like to learn how to increase my

income and decrease my taxes through

charitable estate planning.

I would like to make a charitable bequest in

my will.

Tear here

