

HAVE YOU OR A LOVED ONE BEEN TOUCHED BY A STAR?

*Touched by a Star...
Honoring Wonderful Nurses,
Outstanding Doctors and
Caring Staff and Volunteers*



THE STAR TREATMENT

Maybe it was a kind word, a gentle smile or a warm blanket that brought comfort to you or your loved one. It could have been a lifesaving procedure or a visit from a volunteer during your stay. Say "thank you" by honoring those who made a difference to you.



THANK YOUR STAR

The Grandview Foundation's Touched by a Star program provides patients and families with an opportunity to show gratitude to the physician, nurse or other caregiver who played a special role in your care. We invite you to remember that individual or department today, by making a grateful patient contribution in his or her honor.

If you received star treatment from one of our employees, please let us know! Employees will receive your thanks, and will be recognized by their supervisors with a special lapel pin to wear proudly each day. Contributions to the grateful patient program will help enhance the outstanding level of care our community has come to expect from Grandview and Southview Medical Centers.



I WAS TOUCHED BY A STAR

- ✓ An outstanding physician
- ✓ An extraordinary nurse
- ✓ A superior caregiver or technician
- ✓ A caring chaplain
- ✓ A helpful volunteer
- ✓ An attentive dietician
- ✓ A cheerful housekeeper
- ✓ A supportive care team



THANK A STAR

In Recognition of

(Caring Staff's Name)

Thank you for your hard work and selfless dedication to patient care. You give people hope during difficult times – and your skills, expertise and compassion are unparalleled.

You are a Star!

A grateful patient,

(Sign Name)

Please detach and return to:

The Grandview Foundation
405 W. Grand Avenue
Dayton, OH 45405

or fill out an application online at:
www.grandviewfoundation.org

(937)723-3358

(937)723-3610 – fax





**I AM A GRATEFUL
PATIENT ...
I WAS TOUCHED
BY A STAR**

I would like to donate (check one):

- \$500 \$250 \$150 \$75
- \$25 Other

MY STAR

Name of Employee or Department:

Comments: _____

Please make checks payable to:
The Grandview Foundation
405 Grand Avenue, Dayton OH 45405

Please charge my:

- American Express MasterCard Visa

Account #: _____

Exp Date _____ Amount: \$ _____

Signature: _____

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Caring Staff*



 **GRANDVIEW
FOUNDATION**
KETTERING HEALTH NETWORK™
GRANDVIEWFOUNDATION.ORG



**WERE YOU TOUCHED
BY A STAR?**



GRATEFUL PATIENT PROGRAM



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