



At **HealthEast Care System**, we are honored that you entrust us with your health. Many people participate in your care. While some play a highly visible role, others work behind the scenes to ensure that your needs are met.

If a caregiver makes sure your care was not only great, but exceptional, that person is your **Shining Star**.

You can use this form to make a gift honoring your **Shining Star**. He or she will be notified and receive a Shining Star pin.

Your **Shining Star** will experience a great sense of satisfaction knowing his or her care has left such a positive impression on you.

As a not-for-profit organization, HealthEast Care System relies upon philanthropy to help us serve our community's health care needs. Your contribution goes directly to the programs and services that serve our patients and their families.

For more information about the Shining Star program, visit healtheastfoundation.org.

**Thank you
for your support!**

Completing this information will help us identify your
Shining Star (please print):

CAREGIVER'S NAME (INCLUDE FIRST AND LAST NAME IF POSSIBLE)

CAREGIVER'S TITLE

DATE OF SERVICE

WHERE WAS CARE WAS GIVEN?

- BETHESDA HOSPITAL ST. JOHN'S HOSPITAL
 ST. JOSEPH'S HOSPITAL WOODWINDS HEALTH CAMPUS
 CLINIC (NAME) _____
 OTHER: _____

FLOOR, UNIT OR ROOM NUMBER

YOUR NAME (PLEASE PRINT)

PATIENT NAME (IF DIFFERENT)

ADDRESS

CITY

STATE

ZIP

E-MAIL

PHONE

Enclosed is my gift of:

- \$250 \$100 \$50 \$35 Other \$ _____

Make checks payable to **HealthEast Foundation** and mail to
1690 University Ave. W., Suite 250, St. Paul, MN 55104

If you prefer to use your credit card, visit
healtheast.org/shining-star or call HealthEast
Foundation at 651-232-4990.

Please share my note of thanks:

