

Recently received comments:

“ I had a wonderful technician that did my mammogram. I appreciated her thoughtfulness and the way she was so cheerful! ”

“ You should be proud to have such an outstanding lactation dept. We were treated with the utmost respect and compassion. ”

“ Thanks so much for taking care of me, you helped in so many ways and I wanted to say THANKYOU! ”

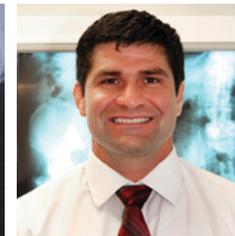
“ WCH showed me firsthand that being a health care professional starts with compassion for people and a desire to see them well. I was impressed and appreciative with the outstanding quality of care that was provided during my stay. ”

“ WCH- thank you to all your staff. I can feel good that if I ever have to come back to the hospital, I will be well cared for by an excellent staff of medical professionals. ”



I make a Difference

RECOGNITION PROGRAM



COMMENT CARD

 WOOD COUNTY HOSPITAL

Foundation

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Foundation

An easy way to say "thank you."

If you'd like to recognize a Wood County Hospital staff member who has shown *expertise, compassion,* or otherwise went *above and beyond*, please consider forwarding your comments to them through our *I Make a Difference* Recognition Program.

You can take this brochure with you and send in your comments at a later date, or you can turn in a completed comment card to the front desk.

It means so much to our staff to know they've made a difference in the lives of their patients.



Give a gift of gratitude.

As an additional way to recognize how someone on our staff has impacted your life, consider giving a Gift of Gratitude to the Wood County Hospital Foundation. Simply complete and mail the bottom portion of the attached card along with your donation.

All gifts to the Foundation are reinvested in WCH to make our Hospital even better. Each gift is tax-deductible.

Please mail the attached form to:
 WCH Foundation
 950 W. Wooster Street,
 Bowling Green, OH 43402

PLEASE PRINT

I would like to thank

Comments:

My/our names: _____

I'd like to make a gift of gratitude:

My gift of \$35 \$50 \$100 \$250 \$500
 Other _____

Is for area of greatest need
 other _____

I'm enclosing a check
 I prefer to charge my gift:

VISA MasterCard AMEX Discover

Card # _____

Exp. Date _____

Signature _____

Phone _____

Email _____

Please direct questions to The Wood County Hospital Foundation:
 419-373-7627 or foundation@woodcountyhospital.org.