

Past patient giving has reflected particular interest for the following areas. We invite you to direct where your gift should be allocated:

- The Benevolent Prescription Fund
- Community Faith in Action Fund
- The Good Samaritan Fund (charity care)
- Oncology Fund
- Pediatrics Fund
- Women's Health Fund
- Unrestricted Fund
- Other: _____
- Your Name: _____
- Your Signature: _____
- Your Address: _____

- City: _____
- State: _____ Zip: _____
- Your Telephone #: _____
- Your E-Mail Address: _____

- Send me information concerning the OLBH Foundation Planned Giving Program.
- Send me a copy of the Foundation's Annual Report.



Giving Is Easy

Gifts of any amount help tremendously and are greatly appreciated. To make a donation, simply fill out the pledge form and return it to:

OLBH Foundation
1000 St. Christopher Drive
Ashland, KY 41101

If you have any questions,
please contact the
OLBH Foundation office at
(606) 833-3956 or (606) 833-3655.



OUR LADY OF BELLEFONTE HOSPITAL
Part of Our Lady Health System
Care for Our Care Trust

Guardians of Good Help

A Grateful Patient Program



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The message of compassionate healing, hope and liberation that began with the Sisters of Bon Secours in Paris in 1824 is with us today – it lives in the hearts of those who serve at Our Lady of Bellefonte Hospital (OLBH).



A gift to the OLBH Foundation's Guardians of Good Help program is a wonderful way to recognize and thank your physician, nurse or other caregiver in a meaningful way. The Guardians of Good Help program provides an opportunity for you to not only thank your caregiver, but also to ensure OLBH can continue to provide "good help to those in need." Guardians of Good Help honors two kinds of "guardians" – our staff who provide great care and people like you who recognize and support it!

If someone makes your visit at OLBH better, consider a gesture that shows your appreciation while also helping others. When you make a donation in honor of the



OLBH physician, nurse or other caregiver who made a difference in your visit or stay, your "guardian" will receive an acknowledgement letter informing them of your generous recognition and a customized lapel pin to wear proudly throughout the hospital.

To honor a caregiver, complete the pledge form in this brochure and return using the enclosed postage paid envelope.



Yes, I want to say thanks!

In support of the OLBH Guardians of Good Help, I give a total gift of \$_____.

My total gift is enclosed.

(Please make your check payable to OLBH Foundation.)

Please charge my credit card.

Visa MasterCard American Express

Cardholder's Name: _____

Account #: _____

Expiration Date: _____

Security Code #: _____
 (# appears on the back of credit card)

Signature: _____

Today's Date: _____

This gift is made in honor of: _____

This gift is made in memory of: _____

Please send an acknowledgement, without amount, to: _____

Address: _____

City: _____

State: _____ Zip: _____

Please keep my gift anonymous.
 (continued on back)