



If you have received exceptional care from a doctor or any member of our caring staff please nominate them for a Guardian Angel award.

If you also want a way to give back, please consider a donation (optional) to the Kaweah Health Foundation, in honor of the doctor, nurse, or medical staff member that cared for you or your family member. Go to, **kawahhealth.org/angel** for more information.

**Doctor, Nurse, or
Other Caregiver's Name (first and last)**

Kaweah Health Department or Facility

Your Name (first and last)

Your Address

Your Phone Number

LEARN MORE

KAWEAHHEALTH.ORG/FOUNDATION

216 SOUTH JOHNSON STREET , VISALIA, CA 93291
(559) 624-2359 | FAX (559) 635-4054

YES, I would like to make a donation in honor of my Guardian Angel in the amount of:
 \$25 \$50 \$100 Other \$ _____

I am enclosing a check made payable to **Kaweah Delta Hospital Foundation (216 S. Johnson St. , Visalia, CA 93291)** with the *memo: Guardian Angel Fund*

I would like to pay by credit card
 MasterCard Visa Amex Discover

Card Number _____
Exp. Date: _____
CVV Code: _____
Billing Address: _____

Signature _____

Donate Online at:
<https://www.kawahhealth.org/foundation/guardian-angel/>