



## 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, [kaweahhealth.org/angel](http://kaweahhealth.org/angel) for more information.

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

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Kaweah Health Department or Facility

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Your Name (first and last)

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Your Address

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Your Phone Number

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Reason for Nomination

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### LEARN MORE

[KAWEAHHEALTH.ORG/FOUNDATION](http://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 (optional):

\$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 \_\_\_\_\_

Return this form to: 216 S. Johnson St, Visalia, CA 93291, EMAIL [Foundation@kaweahhealth.org](mailto:Foundation@kaweahhealth.org)

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