

I am grateful for the care HopeHealth provided my loved one. I want to recognize the staff that helped us through the loss of my loved one.

**I would like to make this gift in honor of:**

Please provide the name(s) of the care team or individual(s) you wish to recognize.

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**Share your story:**

Please write a few words of appreciation to the care team or individual you are honoring or include your story on a separate piece of paper.

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Your generous Grateful Hearts gift helps HopeHealth continue to make every moment count for families like yours. As a nonprofit organization, we depend on your gifts to help provide quality hospice care in the community. Your gift supports extensive community bereavement services, volunteer programs, education programs and HopeHealth Hular Hospice Center.

**Please complete both sides of this form and return it to:**  
HopeHealth  
Philanthropy Department  
1085 North Main Street  
Providence, Rhode Island 02904

To make a donation or share your story online visit:  
**HopeHealthCo.org/GratefulHearts**



*Thank you for the honor of allowing us to care for your loved one and offering us the opportunity to make a difference in the community.*



1085 North Main Street  
Providence, Rhode Island 02904

1324 Belmont Street, Suite 202  
Brockton, MA 02301

(844) 671-4673

Information@HopeHealthCo.org | HopeHealthCo.org



*Share your story of gratitude for exceptional care*



*“I was so impressed by the care and concern I got from HopeHealth. They were so compassionate and loving. Because of them, I knew my husband’s suffering was minimized, and for that I am very grateful. We all need support in this life and HopeHealth has the best to give.”*

— a grateful family caregiver



## Your Gift of Thanks

At HopeHealth Hospice & Palliative Care, the care of your loved one and your family is at the heart of what we do, and we are grateful to be your care team on this journey.

The Grateful Hearts program allows families, caregivers and patients themselves to express their gratitude to staff and volunteers who have so thoughtfully touched their lives.

Your gift of thanks inspires our mission of providing compassionate care and enhancing quality of life for people in our community who are touched by serious illness and loss.

## Honor Your Hospice Caregiver

You can participate in the Grateful Hearts program by recognizing the team or staff member who provided care to your loved one. We’ll send an acknowledgment card notifying them of your thoughtfulness and your gratitude for their exceptional care.

Please share your story with us on the attached card. Whether or not you choose to make a gift at this time, we are grateful for your acknowledgment of the HopeHealth team who touched your life.

# Grateful Hearts

I have experienced such warmth, compassion and respect from HopeHealth that I wish to show my gratitude to those who have so thoughtfully touched our lives.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Enclosed is a donation to support others in need of HopeHealth’s care:

- \$1,000  \$500  \$250  \$100  
 \$50  \$25  Other: \$ \_\_\_\_\_

### Payment method:

**Enclosed is a check**

*made payable to HopeHealth*

**Mail to:**

HopeHealth  
Philanthropy Department  
1085 North Main Street  
Providence, Rhode Island 02904

**Please charge my credit card:**

*Fill out credit card information below*

Visa  MasterCard

American Express  Discover: \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Credit card #: \_\_\_\_\_

Exp. date: \_\_\_\_\_

Signature: \_\_\_\_\_

### I would like to honor:

I would like to make my gift online at:

**HopeHealthCo.org/GratefulHearts**

*Please complete both sides*