



### Perhaps You Saw a Hidden Halo When a Caregiver:

- ... Made sure you were comfortable?
- ... Provided encouragement to give you strength?
- ... Shared a laugh when you needed a lift?
- ... Calmed your fears when you felt anxious?
- ... Gave you confidence that you were in good hands?
- ... Welcomed those most important to you?

### Honor Your Caregiver

Through the Grateful Patient & Families Program, you can honor an exceptional caregiver who provided heavenly health care while supporting Jennie Edmundson Hospital too.

The smallest of actions – a kind word, a smile at the right moment, or the warmth in their heart – what was it that unveiled their Hidden Halo to you?

Our caregivers sometimes can't keep their halos hidden and are like angels on earth. Professional and dedicated fall short in describing their level of care. They are truly heaven sent.

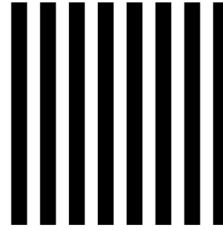
All donations will be gratefully recognized. Your gift to Jennie Edmundson Hospital Foundation is tax deductible.



Improving the Quality of Life

933 E. Pierce St.  
Council Bluffs, IA 51503  
(712) 396-6086

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# HIDDEN halos

Jennie Edmundson  
Hospital Foundation  
Grateful Patient  
& Family Program



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# HIDDEN halos

It is not just buildings or high tech equipment that makes Jennie Edmundson Hospital shine; it is the people inside. Our nurses, clinicians, support staff, physicians, volunteers and so many others are what make Jennie Edmundson Hospital a special place.

Our patients often verbalize their gratitude for excellent, compassionate care. Now, in addition to offering thanks though kind words, smiles and letters, we invite our patients and their families to express their appreciation financially – helping to ensure future patients will also receive outstanding care.

When you make a gift, your honoree will be notified and the amount remains confidential. It is rewarding for our highly-trained healthcare professionals to know they were there when they were needed the most.

## I Saw a Hidden Halo!

I'd like to recognize this Jennie Edmundson caregiver:

\_\_\_\_\_  
Name of Caregiver (please print) Department/Floor

\_\_\_\_\_  
Hospital or Medical Facility

\_\_\_\_\_  
Patient's Name Date of Care

I have included a note to forward to the honoree.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

**My tax deductible contribution amount is: \$** \_\_\_\_\_

Please use my gift for:  Area of Greatest Need  
 Patient Transportation  Charitable Patient Fund  
 Family Resource Center  Other \_\_\_\_\_

### Method of Payment:

Check to Jennie Edmundson Hospital Foundation.  
 Charge my gift to:  
 VISA  MasterCard Exp. Date \_\_\_\_\_

Account Number  

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\_\_\_\_\_  
Signature

**Thank You for Your Support!**