



Who's Touched Your Life Today?


Make a gift in honor of a physician,
faculty member, nurse, housekeeper
or another caregiver who made a
difference in your stay.

GUARDIAN ANGEL PROGRAM

The University of Tennessee Medical Center
and Graduate School of Medicine
Office of Development

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Has a doctor, nurse, faculty member, volunteer, or other caregiver made a difference in the care you or your loved one received at the University of Tennessee Medical Center?

Our patients often express their gratitude for the excellent care they received in a variety of ways—through kind words, smiles, letters of thanks, and financial contributions.

One of the most popular and meaningful ways for you to express your appreciation is to make a gift to the Medical Center's Guardian Angel Program. This program enables you to say thank you and to honor the caregiver, faculty member, or other hospital staff member who made your experience a positive one.

The process is very simple. All you need to do is fill out the form on the next page and let us know the name of your Guardian Angel. This individual will be notified you are honoring them as your Guardian Angel (unless you would like to remain anonymous), and will receive a custom-crafted lapel pin to wear proudly throughout the Medical Center. Guardian Angels will also be recognized in the Medical Center's quarterly magazine, *Frontiers*.

Acknowledging an individual for a job-well-done is one of the most meaningful forms of support you can offer. Your personal experience at the University of Tennessee Medical Center has provided you with first-hand knowledge of the high level of quality care provided by staff members who have chosen to work at an academic medical center with such a unique mission. Your participation in the Guardian Angel Program demonstrates you have an understanding of the important role our caregivers and facility play in enabling us to continue fulfilling this mission of excellence in patient care, education, and research.

- Yes, I would like to participate in the Guardian Angel Program by making a gift to the University of Tennessee Medical Center or the University of Tennessee Graduate School of Medicine.

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

E-mail: _____

Guardian Angel

Name: _____

Occupation (nurse, orderly, faculty member, etc.)

Department/Floor (Oncology, NICU, etc.)

Reason for Honoring

Payment Information

Donation Amount: _____

Payment Method: Cash Check Credit Card

Visa Mastercard Discover American Express

Cardholder's Name: _____

Credit Card Number: _____

Expiration Date: _____

