



## We Are Grateful

“Every person that took care of me on the emergency, 2nd floor, and ICU were caring professional people. The staff during my stay were such lovely people. I always felt safe and cared for physically and emotionally.”

~ Penn Highlands Huntingdon Patient

“I would like to thank everyone in the Ambulatory Care Unit for the wonderful care both my mother and father received. Everyone was kind, caring, and compassionate. The care received was excellent. Thank you Penn Highlands Clearfield Ambulatory Care Unit.”

~ Penn Highlands Clearfield Patient

# Penn Highlands Healthcare Fund Development Grateful Giving Program

## Connect With Us!

✉ **Our Location**  
100 Hospital Avenue  
PO Box 447  
DuBois, PA 15801

☎ **Phone Number**  
814.375.3901

✉ **Email Address**  
PHHFundDevelopment  
@phhealthcare.org

f **Facebook**  
Penn Highlands Healthcare  
Fund Development

📷 **Instagram**  
@phhfunddevelopment



# How can I say thank you?



# Grateful Giving

At Penn Highlands Healthcare, our patients and families often ask how they can say ‘thank you’ after a positive experience with us.

Our Grateful Giving Program provides an opportunity for you and your loved one to say ‘thank you’ by sharing your personal words of gratitude. When you share your story, you are celebrating and encouraging all healthcare professionals. It is a reminder of why we do what we do.

By making a tax-deductible contribution through our Grateful Giving Program, you have the opportunity to recognize the person who has played a significant role in your care and support their work. Your gift will change lives, just as your caregiver changed yours.



Scan the QR Code to learn more!

# My Gift

Mail your Grateful Giving Form to:

Penn Highlands Healthcare  
Fund Development Department  
100 Hospital Avenue, PO Box 447  
DuBois, PA 15801

Or, give online:  
[www.phhealthcare.org/donate](http://www.phhealthcare.org/donate)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip-code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Accept my gift of \$ \_\_\_\_\_

In Honor of (name of staff member):  
\_\_\_\_\_

Location of Care:  
\_\_\_\_\_

Enclosed is my check payable to Penn Highlands Healthcare

**“People will forget what you said,  
they will forget what you did, but  
they will never forget how you  
made them feel.”  
~ Maya Angelou**

# My Story

Use the space below to share your story.

I would like to recognize the following individuals/department:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your words are as important as your gift!  
Please share your experience:

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I give my permission to share my story in various hospital publications.