

Southwestern Vermont Medical Center

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Contact preference:

Phone Email Mail

 \square My gift is in \square memory of \square recognition of:

- □ My check in the amount of \$_____, made payable to SVHC, is enclosed.
- □ Please charge my gift in the amount of \$ _____ to:

Exp. date

□ Visa □ MasterCard □ AMEX

Account #

Signature as it appears on card:

Please use my gift to support:

- Where Needed Most
- Southwestern Vermont Medical Center
- Dartmouth Cancer Center at SVMC Other:

Southwestern Vermont Health Care Foundation Suite 41 | 100 Hospital Drive | Bennington VT 05201 Phone: 802.447.5017 E-mail: foundation@svhealthcare.org Web: svmc.org

I am grateful. SVMC Grateful Patient & Family Program

Share your story.

We encourage you to tell us your story of gratitude about the care you or a loved one received from Southwestern Vermont Medical Center or our practice sites. Please share your story below, visit our website at svmc.org, or call us at 802.447.5017.

By submitting this grateful patient story, I am giving SVMC the right to use it without restrictions.

SVMC reserves the right to edit stories for grammar and length.