Sometimes the smallest actions have the biggest impact, especially in times of need. When a member of the Baystate Health team has made you or your family members feel better, more comfortable or your visit easier, you can express your gratitude by making a meaningful gift in their honor.

You can say ‘thank you’ with a charitable gift of any size to the Gifts of Gratitude program. Your gift will pay it forward, helping us deliver a higher state of caring to our future patients and families.

You can honor anyone at Baystate Health through our Gifts of Gratitude program. You can recognize a physician, a nurse, a technician or anyone that made your experience better and they will receive special recognition from Baystate Health leadership. To say thank you to them, fill out the reverse side of this card and return in the envelope provided. Please make checks payable to Baystate Health Foundation. You can also go online to baystatehealth.org/bhf and click on ‘How to Support.’

Gifts of Gratitude
Baystate Health Foundation
280 Chestnut Street
Springfield, MA 01199

Healthcare professionals treasure the stories of grateful patients and families! If you or a loved one want to share your experience, please include a note with your gift or contact the Foundation at 413-794-6491 or email bhf@baystatehealth.org.
I would like to make a tax-deductible Gift of Gratitude of $______________________.

Hospital / Office / Location of Care or Experience: ___________________________________________________

Patient Name (if applicable): ______________________________

Name of person(s) to be honored: ______________________________

_________________________________________________

_________________________________________________

Special Comments: ______________________________________

_________________________________________________

Your Name: _____________________________________________

Address: ________________________________________________

City: _________________ State: _______ Zip: _____________

Phone: ________________________________________________

Email: _________________________________________________

☐ Enclosed is a check payable to Baystate Health Foundation.

Please charge my credit card in the amount of $_______________________

☐ Visa  ☐ MasterCard  ☐ Amex  ☐ Discover

Card number: ___________________________________________

Expiration Date: _______ /_______

Signature: _____________________________________________

Date: ________________________________________________

☐ I would like information about including Baystate Health in my estate plans.

☐ I would like information about gifts that provide income for life.

Make a gift online at baystatehealth.org/bhf

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