

Have you seen Your Angel Today?

At McLaren Northern Michigan and its affiliates, everyone who serves you is dedicated to your care and comfort. We call them colleagues. You might call them your guardian angels.

A Way to Say Thank You

During times of illness or injury, we are all dependent upon others to meet our needs, to calm our fears, or to heal our physical, spiritual, and emotional selves. Sometimes, one person can anticipate those needs and be of special service. Finding the right way to honor that person can be difficult.

At McLaren Northern Michigan, everyone works together seamlessly to serve every person who comes to us for care. From a kind word to a helping hand, we know that treating a patient extends far beyond treating an illness or injury.

Is there someone who was there for you?

- ✧ Food Service Support Staff
- ✧ Registration Staff
- ✧ Nurses
- ✧ Maintenance and Housekeeping Staff
- ✧ Technicians
- ✧ Physicians
- ✧ Therapists
- ✧ Aides
- ✧ Volunteers

When you make a donation in honor of a member of our staff who has made your experience here an exceptional one, your guardian angel will receive a custom-crafted lapel pin to wear proudly and a card informing him or her of your thoughtful gift. Your gift will be used to continue fulfilling our guiding principle: to provide health care as we expect for our own family.

- To make a donation:
- ✧ Visit nmh-foundation.org/angel
 - ✧ Email the form below to info@northernhealth.org or fax to 231-487-7798
 - ✧ Mail the form below to McLaren Northern Michigan Foundation
360 Connable Ave, Petoskey, MI 49770

I would like to make a gift in honor of _____

in the amount of \$ _____

in support of Area of Greatest Need Other _____

Please describe your guardian angel moment _____

Your Name _____


(Please indicate how you would like your name(s) to be listed in donor acknowledgement publications. Check here if you wish to remain anonymous.)

Email Address _____

Mailing Address _____

City _____ State _____ Zip _____ Telephone _____

Personal Check (Please make your check payable to McLaren Northern Michigan Foundation.)

Credit Card    

Name _____ Signature _____

Card Number _____ Exp Date _____