



Showing appreciation to a caregiver, memorializing a loved one, celebrating a milestone, or honoring those that gave life through organ donation Banner Health Foundation offers a unique and lasting way to express your heartfelt message.

Share a message of hope and healing

You can help provide quality healthcare and support for valuable programs and services at Banner Thunderbird Medical Center by dedicating the item of your choice to display in our **Garden of Gratitude**. Options include an inscribed leaf, flower, or dove.

Once your contribution is received, Banner Health Foundation will notify the person you are recognizing and send an acknowledgement letter to you for tax purposes. The amount of your gift will remain confidential.

Thank you for helping our Garden of Gratitude grow at Banner Thunderbird Medical Center.

Garden of Gratitude

AT BANNER THUNDERBIRD MEDICAL CENTER

Give hope. Give health. Give back.

Name _____ Email _____

Address _____ City/State ZIP _____

Phone (INDICATE PREFERRED) Home _____ Work _____ Mobile _____

Please accept my gift to celebrate: A birth A caregiver, family member, or friend
 The memory of: _____

Send notification of this gift to:

Name _____ Phone _____

Address _____ City/State ZIP _____

Elements of the Garden of Gratitude are handcrafted by local artists to represent Arizona's beautiful plants and birds.

- I wish to donate:
- | | |
|--|---|
| <input type="checkbox"/> Green Palo Brea Leaf — \$25 each | <input type="checkbox"/> Purple Lupine — \$250 each |
| <input type="checkbox"/> Yellow Palo Brea Leaf — \$50 each | <input type="checkbox"/> Orange Poppy Flower — \$500 each |
| <input type="checkbox"/> Red Penstemon — \$100 each | <input type="checkbox"/> Sky Blue Dove — \$1,000 each |

PLEASE NOTE that donations of \$1,000 or more qualify for membership in Banner Benefactors, a program offering special benefits to our donors.

- A check made payable to Banner Health Foundation is included.
 I am paying by credit card: VISA MasterCard AmEx Discover

Credit Card Number _____ Expiration Date _____ Security Code _____

Name on Card _____ Signature _____

- Sign me up for Monthly Giving, using the above information. I understand that the deduction will continue until I instruct Banner Health Foundation in writing to discontinue the gift.