



I would like to honor

My Guardian Angel

Honoring a caregiver has never been easier!

- 1) Fill out the form
- 2) Print and mail to the address at the bottom

Donor Information

Donor Name _____

Address _____

City, State/Zip _____

Phone: _____

Check-mark box if you prefer to remain anonymous.

My Gift of Gratitude

Check (payable to 'Clara Barton Foundation')

Gift Amount \$ _____

Please charge my:

MasterCard American Express Visa

Card Number _____

Exp. Date _____

V-Code _____

Who Touched Your Life?

Guardian Angel Information

Caregiver's name _____

Caregiver's department/area of care _____

Please share why your Guardian Angel is special to you!

Clara Barton Hospital Foundation
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