

CARING SPIRIT PROGRAM

To honor those who care for you



HOSPICE & HOMECARE
FOUNDATION

1515 Cal Drive, Davison, MI 48423
tel 810-496-8600 | fax 810-496-8635

mclaren.org/caringspirit



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CARING SPIRIT PROGRAM: TO HONOR THOSE WHO CARE FOR YOU

Do you know a McLaren Health Management Group employee who deserves to be recognized for caring service?

At McLaren Health Management Group, we are passionate about giving the best care to those we serve. It is vital that our team members contribute to an optimal experience—whether they provide direct care to patients and their families or work tirelessly behind the scenes to support caregivers.

The Caring Spirit Program allows patients and their loved ones, as well as our employees, to recognize staff members who provide exceptional care to our patients, customers and coworkers.

Whether you have received outstanding care as a patient, relative, friend, or a fellow McLaren team member, you can help us honor the Caring Spirits among us!

To recognize a McLaren Health Management Group employee who exemplifies our values and delivers outstanding results, submit a nomination online at: www.mclaren.org/caringspirit or mail the enclosed form to:

McLaren Hospice and Homecare Foundation
1515 Cal Drive
Davison, MI 48423

We would love to hear from you!

The McLaren Hospice and Homecare Foundation is a 501 (c)3 charitable organization. Contributions are tax deductible as permitted by law. Thank you for your support. All donations will be used to help people in your community.

Please fill in the information below as complete as possible. Thank you for taking the time to recognize our staff.

Please check one.

I'M A: Patient Family member
 Employee Physician

CAREGIVER INFORMATION:

Caregiver's name: _____

Job title: _____

Work location: _____

This individual is a "Caring Spirit" because:

SUBMITTED BY:

Your name: _____

Phone: _____

Email: _____

I wish to donate to the McLaren Hospice and Homecare Foundation in honor of my caregiver in the amount of:

\$25 \$50 \$75
 \$100 \$100 Other: _____

My check is enclosed
(payable to McLaren Hospice and Homecare Foundation)

Visa MasterCard

Credit Card #: _____

Expiration Date: _____ Security #: _____

Signature: _____