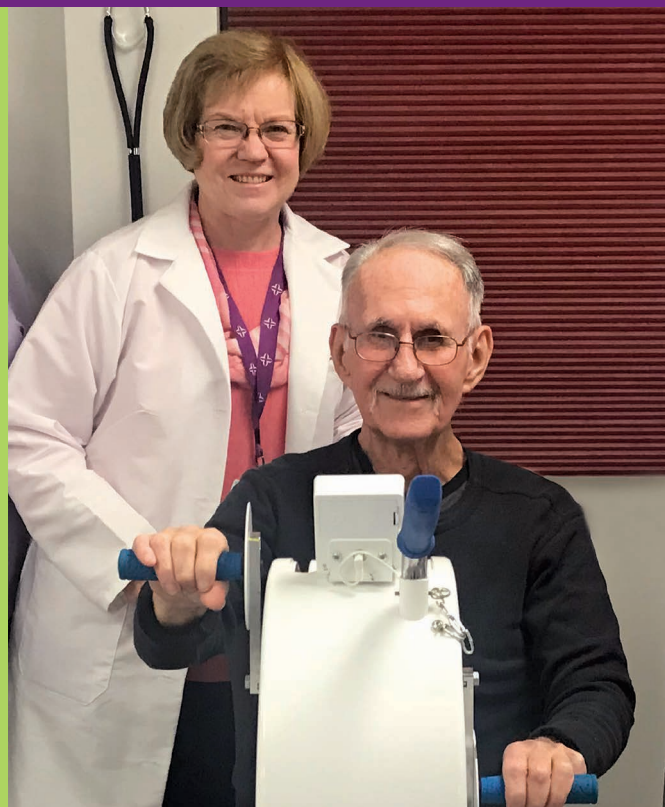


Johnson Memorial Hospital



A Giving Program to Honor Your Caregiver



Dear Friends,

On a daily basis, we receive praise from our patients about the everyday "stars" at Johnson Memorial Hospital who have transformed their lives. As a recipient of our services, we invite you to say "thank you" to the physician, therapist, nurse or colleague who touched your life and made your future brighter. By honoring our "stars," you will ensure that everyone in our community will continue to receive compassionate and excellent care. With a gift of \$100 or greater, your name and the name of your caregiver will be proudly displayed on a plaque prominently hung in the hospital.

Our grateful patients and their families are among our most precious resources, and your story is a reminder of our important healing mission. Please use the enclosed envelope to "Recognize a Star" and tell us about your experience. Your story will mean a great deal to our caregivers and those who may be considering Johnson Memorial Hospital as their destination for care.

Thank you for choosing our hospital, and I look forward to hearing from you.

A handwritten signature in black ink, reading "Stuart E. Rosenberg".

Stuart E. Rosenberg, M.B.A.
President, Johnson Memorial Hospital

Here's what our grateful patients are saying...

"We received our infusion therapy at the Karen Davis Krzynowek Infusion Center at Johnson Memorial Hospital Enfield campus. We could not have been luckier to be treated by such a competent, caring, and wonderful staff. We have nothing but praise for each and every one of them."

Enfield Patient

"We wanted to take a moment to thank you for the exceptional care we received while at Johnson – we will always be grateful."

Stafford Springs Patient



Johnson Memorial
Hospital
Trinity Health

My gift is in appreciation of:

Caregiver name _____

Unit/Department _____

I would like to donate:

- ☐ \$1,000 ☐ \$100
☐ \$500 ☐ Other \$ _____
☐ \$250

Donor Information

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ (cell or home)

Email _____

- ☐ My Grateful Patient Story is enclosed
☐ Donate online at www.saintfrancisdonor.com
☐ My check for \$_____ is enclosed
 Make checks payable to Johnson Memorial Hospital
☐ Please charge my: MasterCard/Visa/American Express

CC# _____ Exp. date _____

Signature _____ SEC _____

I am interested in:

- ☐ Volunteering ☐ Leaving a planned gift to
☐ Hosting a fundraiser Johnson Memorial Hospital

Questions? 860.714.4900

To opt-out, please call the number above to be removed from our fundraising mailing lists. All gifts are tax-deductible.

Saint Francis Foundation
95 Woodland Street, 2nd Floor, Hartford, CT 06105
860.714.4900

foundation@trinityhealthofne.org

www.trinityhealthofne.org

OUR MISSION

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.



**Johnson Memorial
Hospital**
Trinity Health

OUR CORE VALUES

Reverence

We honor the sacredness and dignity of every person.

Commitment to Those Who are Poor

We stand with and serve those who are poor, especially those most vulnerable.

Safety

We embrace a culture that prevents harm and nurtures a healing, safe environment for all.

Justice

We foster right relationships to promote the common good, including sustainability of Earth.

Stewardship

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

Integrity

We are faithful to who we say we are