

Saint Francis Hospital

Recognize a Star PROGRAM

A Giving Program to Honor Your Caregiver



Dear Friends,

On a daily basis, we receive praise from our patients about the everyday “stars” at Saint Francis Hospital who have transformed their lives. As a recent recipient of our services, we invite you to say “thank you” to the physician, therapist, nurse or colleague who has touched your life and made your future brighter. 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. We hope you will use the attached form to tell us about your experience. Your story will mean a great deal to our caregivers and those who may be considering Saint Francis Hospital as their destination for care.

Thank you for choosing Saint Francis Hospital, and I look forward to hearing from you.

Sincerely,

Thomas Burke, BPharm, MBA
President
Saint Francis Hospital

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

“On behalf of my family, I would like to express our sincere gratitude and appreciation for the outstanding care and compassion you provided our sister during and after her surgery...this philosophy permeates through each and every staff member at Saint Francis.”

Cordelia, Sister of a Grateful Patient

“Without exception, from housekeeping to the top surgeon, everyone knows their job and performed them in exemplary fashion. I feel most fortunate to have had this excellent care which has helped me in my rapid recovery from surgery. Saint Francis is a truly excellent institution.”

Robert, A Grateful Patient



Saint Francis 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 Saint Francis Foundation
- Please charge my: MasterCard/Visa/American Express

CC# _____ Exp. date _____

Signature _____ SEC _____

I am interested in:

- Volunteering Leaving a planned gift to Saint Francis Hospital
- Hosting a fundraiser

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.saintfrancisdonor.com

OUR MISSION

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



Saint Francis 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