



*Now there's an easy
way to say
"Thank You"*



Stillwater Medical Center Foundation is a 501c (3) organization. Gifts are tax-deductible to the extent allowed by law. One hundred percent of your donation goes directly to the area designated.

Contact Information

SMC Foundation
PO Box 2408 • Stillwater, OK 74076
Located in the SMC Annex
604 South Walnut Street
Phone: 405/742-5387
Fax: 405/742-5768
E-mail: thopkins@stillwater-medical.org

*Who Touched
Your Life Today?*



Make a gift in honor of a physician, nurse, volunteer or another caregiver who made a difference in your care.

Guardian Angel Program
Stillwater Medical Center Foundation

Has a doctor, nurse, support staff, volunteer or other caregiver made a difference in the care you or your loved one received at Stillwater Medical Center?

Our patients often express their gratitude for the excellent care they receive in a variety of way—through kind words, smiles, letters of thanks and financial contributions.

One meaningful way for you to express your appreciation is to make a gift to the medical center's Guardian Angel Program. This program enables you to say thank you and honor the caregiver who made your experience a positive one.

This individual will be notified you are honoring them as your Guardian Angel (unless you would like to remain anonymous), and will receive a custom-crafted lapel pin to wear. Guardian Angels will also be recognized in hospital publications and within the Hall of Honors at SMC.

Your gift will be used to support programs and services that will make a difference in the lives of patients at Stillwater Medical Center.

Yes, I know a Guardian Angel

I would like to honor:

(doctor, nurse, support staff, volunteer or other caregiver)

SMC Floor or Department:

Comment(s) about your honoree: _____

With a contribution of:

\$1,000* \$500 \$250 \$100**

\$50 \$25 Other \$ _____

* Qualifies for membership in Founders Society

** Qualifies for Legacy Club donors group membership

Please use my gift for:

Community Flu Shots ICU

Emergency Department Endowment

Other _____

Mail this form and your gift to:

SMC Foundation: Guardian Angel Program
PO Box 2408
Stillwater, OK 74076

Check enclosed (payable to SMC Foundation)

Charge to my credit card

Card # _____

Exp Date _____

Signature _____

(credit card only)

Monthly Giving: I want to provide a gift of \$ _____ each month for:

12 months 24 months

- Please include a voided check for bank draft or enter your credit card information in the area above.
- Monthly gifts are processed automatically on the 16th of each month. You will receive a single tax receipt at year's end.

Name _____

Address _____

City _____ St _____ Zip _____

Phone _____

E-mail _____

- I prefer my gift to remain anonymous.
- I have included SMC in my will.
- Please contact me regarding information on planned giving opportunities.