

*Share Your
Story with Us:*



1065 Bucks Lake Road
Quincy, CA 95971





Guardian Angel Program

Recognizing Your Guardian Angel

If you have received extraordinary care, please consider recognizing the staff member, department or physician by making a Guardian Angel Program donation in their honor.

Plumas Health Care Foundation is proud to offer our patients an opportunity to express their gratitude through the Guardian Angel Program. This program serves our hospital in two ways. It gives patients a unique opportunity to recognize our remarkable staff members. It also provides the Plumas Health Care Foundation with funds needed to continue our mission of enhancing the ability of Plumas District Hospital to provide quality healthcare to our local community.

In recognition of your gift, your Guardian Angel will receive a certificate of appreciation informing him/her of your gratitude. In addition, Guardian Angels receive a lapel pin to wear proudly as a token of the excellent care you received.



Please detach and return.

Plumas Health Care Foundation Guardian Angel Program

Yes, I would like to participate in the Guardian Angel Program by making a gift to the Plumas Health Care Foundation.

Your Name: _____ I wish to remain anonymous

Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Name of individual or department you would like to honor: _____

Payment Information:

Donation amount: \$25 \$50 \$100 \$250 Other, please specify \$ _____
Payment Method: Cash Check (Make checks payable to *Plumas Health Care Foundation*)
If paying by Credit Card: VISA Mastercard Card Number _____
Expiration Date _____ Cardholder's Name _____ Signature _____

Plumas Health Care Foundation is a 501 (c) (3) non-profit organization. Charitable contributions are deductible as allowed by law. Please contact us if you do not wish to receive further mailings.