

# I WISH TO MAKE A GIFT OF GRATITUDE

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## THANK YOU FOR YOUR GIFT!

We are honored that you have chosen to support the Norman Regional Health Foundation's Grateful Patient program. Your appreciation and comments will be shared with the recipients.

## I WOULD LIKE TO RECOGNIZE THE FOLLOWING CAREGIVERS

Honoree(s)/Department: \_\_\_\_\_

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The Foundation will be in touch to learn more about your experience and your honorees.



Please mail or submit this form with your donation to  
Norman Regional Health Foundation, PO Box 1665  
Norman, OK 73070

# NORMAN REGIONAL HEALTH FOUNDATION

## OUR MISSION

The Norman Regional Health Foundation enhances excellent healthcare by improving the patient experience and the healer environment at Norman Regional Health System; supporting community health and wellness initiatives; and advancing the healthcare profession through educational scholarships and certifications.



[NRHFoundation.com](http://NRHFoundation.com)  
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