

*An Expression  
of the Heart*

Would you like to recognize your caregiver for the excellent service you received during a visit to one of Southeastern Health facilities? Please complete the form below and mail to:

**Southeastern Health Foundation  
Post Office Box 1408  
Lumberton, NC 28359**

Even if you are unable to give a monetary donation at this time, you are welcome to send a thank you to an outstanding physician or team member. Please specify their full name and department.

To: \_\_\_\_\_

Department: \_\_\_\_\_

Message: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From: *(Optional)* \_\_\_\_\_

Thank you for taking the time to recognize our compassionate team at Southeastern Health.



*gratitude:*

— a meaningful way to say “thank you” to those who cared for you and your family.

*Our Vision:*

To be the health system of choice by advancing the health of our communities through partnerships, learning, high quality and compassionate care.

*Contact:*

Southeastern Health Foundation  
P.O. Box 1408, Lumberton, NC 28358  
Office: 910.671.5583 Fax: 910.671.5377  
Email: [foundation@southeasternhealth.org](mailto:foundation@southeasternhealth.org)  
Website: [southeasternhealth.org/foundation](http://southeasternhealth.org/foundation)



If you would like to be removed from the mailing list please contact the foundation office.



*Grateful*

***Patient & Family  
Program***



# Thank you .....

from a patient is more meaningful to a caregiver than any other accolade they could ever receive. Have you or a loved one encountered a doctor, nurse, technician, volunteer, who brought you comfort? At Southeastern Health we strive to provide excellent service to all of our patients in a safe, compassionate and efficient environment.

Patients express gratitude for their care through kind words, smiles, and letters of appreciation. Southeastern Health Foundation's Grateful Patient & Family Program provides you with the opportunity to say thank you to a caregiver, who made a difference in your life. By honoring the compassionate staff at SeHealth facilities, you or a loved one can make a tangible and meaningful impact on our ability to care for patients.

Gifts received through this program pay tribute to caregivers who have enriched your life. Your generosity will enhance the experience of future patients as we continue to offer the best possible care for our community.

## Compassionate Patient Care

When Minnie Lucille "Lucy" Cline was diagnosed with breast cancer in 1999, she felt right at home with the caregivers at Southeastern Radiology Associates.

Years after the diagnosis, Cline, a 20 year breast cancer survivor, was sent back to Southeastern Radiology Associates by her physician at Gibson Cancer Center to have a sonogram on a spot they detected during her annual check-up. She once again found comfort with those who were performing her test, knowing these caregivers had walked this path with her before and knew she would be greeted with warmth and compassion. She was relieved to receive word that she did not have cancer again.

"It feels good to know that people care and want to make you feel comfortable," said Cline. The providers at Southeastern Radiology Associates show passion for their patients and the community. "I am glad that there is a place I can go where I recognize faces, even though I may not remember their names-I remember how they made me feel."



## I am grateful for the care I have received!

Enclosed is my gift of:

\$25 | \$50 | \$75 | \$100 | Other \$ \_\_\_\_\_

### Area of Support

Please direct my gift to:

- Critical Need Annual Fund
- Academic Scholarships
- Gibson Cancer Center
- Southeastern Hospice
- Southeastern Hospice House
- WoodHaven Nursing, Alzheimer's and Rehabilitation Center
- Other \_\_\_\_\_

### Payment Information

Check enclosed made payable to  
Southeastern Health Foundation

Charge \$ \_\_\_\_\_ to my credit card

Visa | MasterCard | Discover | American Express  
Card # \_\_\_\_\_

Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

### Donor Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### I would like my gift to recognize/honor:

Caregiver \_\_\_\_\_

Department \_\_\_\_\_

I would like to be contacted regarding other giving opportunities to benefit Southeastern Health Foundation.

*We hope you will take a minute to formally recognize the exceptional care received at Southeastern Health. When honoring a SeHealth Team Member, your message of appreciation will be shared with them, their supervisor, and colleagues. The gift amount will be kept confidential.*