

## SHARE YOUR STORY...

**Your well-being will always be the first priority for the talented and caring staff at NewYork-Presbyterian Brooklyn Methodist Hospital. We appreciate hearing from our patients and learning of the exceptional care they or a loved one received while being treated at NYPBMH. Please take a moment to share your story.**

**NEWYORK-PRESBYTERIAN  
BROOKLYN METHODIST HOSPITAL**

# HEALERS' HALL of FAME



NYPBMH ☐ DOES ☐ DOES NOT  
have my permission to reprint my story  
in Hospital publications.

☐ Please contact me.

**NewYork-  
Presbyterian**  
Brooklyn Methodist  
Hospital

WOULD YOU LIKE TO RECOGNIZE  
AND THANK A NYPBMH CAREGIVER  
IN A SPECIAL WAY?

At NewYork-Presbyterian Brooklyn Methodist Hospital, our staff members all share a passion for providing hope, healing and recovery. Patients and their families often ask how they can say THANK YOU to caregivers who have made a significant impact on their lives.

NYPBMH's HEALERS' HALL OF FAME, our annual caregiver tribute program, is a perfect way to show your gratitude and honor staff members who have made your experience exceptional.

We invite you to make a fully tax-deductible gift in your caregiver's honor that will help NYPBMH continue to provide quality healthcare each and every day. A gift of \$50 or more inducts a deserving healthcare professional and a gift of \$100 or more inducts a deserving Hospital department into our annual HEALERS' HALL OF FAME.

Inductees receive letters of appreciation that let them know who honored them, along with membership pins to wear proudly. The list of inductees is published annually in our Hospital's newsletter and online.

It's never too late to say thank you!



I am grateful for the  
care provided at NYPBMH!  
Enclosed is my gift of

\$ \_\_\_\_\_  
(suggested \$50 per caregiver,  
\$100 per department/unit).

Please make checks payable to  
New York Methodist Hospital  
and return to:

NewYork-Presbyterian  
Brooklyn Methodist Hospital  
Department of Development  
506 Sixth Street  
Brooklyn, NY 11215

Or make your gift online at  
[donate.nym.org](https://donate.nym.org).

Questions? Contact 718.501.6880  
or [development@nym.org](mailto:development@nym.org).

Thank you for your gift!

DONOR INFORMATION:

NAME (First, Last) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

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☐ Please send me information on how I can further support NYPBMH

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_ CARD SECURITY CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

☐ I prefer to make this gift anonymously.

I WOULD LIKE MY GIFT TO HONOR:

NAME (First, Last) \_\_\_\_\_

DEPARTMENT/UNIT/LOCATION \_\_\_\_\_

NAME (First, Last) \_\_\_\_\_

DEPARTMENT/UNIT/LOCATION \_\_\_\_\_

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Brooklyn Methodist Hospital