Grateful Patient Program

What Copley’s Patients are Saying

Each and every one of your staff presents positive, caring and compassionate warmth. I have been a nurse for more than 30 years working in large hospitals and was very impressed.

Your dietary coordinator/chef deserves many, many accolades for the quality of every meal served. Keep up the fabulous work.

Your hospital is an absolute gem and should be very proud of the care that is provided. It’s not what you say, but what you do which will be what people remember.

Copley’s Staff was very professional and very informative. The nurses and anesthesiologist were caring. They gave me a feeling of confidence. You never know, one always worries something could go wrong. But I was given good information, good advice, I knew what to expect.

It is our privilege to be your care provider.

Our mission: To provide a range of services and programs that meet the evolving health care needs of our community with the highest quality of care, regardless of ability to pay.

You can make a difference to Copley Hospital and our community!

Grateful Patient Program
Wonderful nurses. Outstanding doctors. Superior caregivers.

DeveLOPMent OFFicio
528 Washington Highway
Morrisville, VT 05661
802-888-8888
www.copleyvt.org

Please tell us about your experience:

[Place Stamp Here]
Dear Friend of Copley,

We are often asked by our patients, “How can I say ‘thank you’ to those people who made a difference while I was in the hospital?” Copley Hospital offers our Grateful Patient Program as one way for you to do just that. It is a thoughtful way to recognize the excellent care you received, honor a caregiver – or an entire team of caregivers who made a difference for you or a loved one.

Perhaps it was:
• An outstanding physician
• An extraordinary nurse
• A supportive therapist
• A superior technician or technologist
• A caring chaplain or volunteer
• An attentive food service aide
• A cheerful housekeeper or registrar

All gifts support ongoing hospital programs, services and technologies for our patients and the community. By “sharing the caring,” you help Copley achieve its mission to provide the best possible care and services to others today and in the future. Your gift doesn’t have to be a large amount to make a difference.

At Copley Hospital, we make a difference in the lives of our community every day. It is our goal to deliver patient and family-focused care that is compassionate, sensitive and respectful. We offer a wide range of quality health care services including 24 hour emergency services, OB/GYN, general surgery, orthopedics, cardiology, oncology and urology.

Sincerely,

Leah Hollenberger
Vice President, Development & Community Relations

P.S. Should you wish to honor your caregiver or care team, simply indicate your honoree(s) on the attached reply form. I will notify your caregiver that a charitable gift has been made in his or her honor. I will not disclose the amount and you may remain anonymous if you choose.

WHAT COPLEY’S PATIENTS ARE SAYING

The care I got was excellent. My family was treated with as much respect and friendliness as I was. And that is very important to me.

The care you get at Copley is as good as it gets. I have chosen Copley several times and have had only good experiences. Thanks.

My experience at Copley ER and as a patient can only be described as exceptional. Doctors, Nurses and staff at all levels were simply great.

To all the wonderful compassionate staff in Radiology. Just a note to let all of you know how much I appreciate all your loving care given in my hour of need.

Yes, I would like to support Copley Hospital.

Please accept my gift of:

☐ $25  ☐ $50  ☐ $75  ☐ Other $ ____________

☐ My gift is in honor of:

☐ Anonymous donation.

☐ I would like information on how to include Copley Hospital in my will or estate plans.

Name __________________________________________
Address _________________________________________
City State ZIP Code ________________________________
Telephone _______________________________
Email __________________________________________

Enclosed is a check payable to: COPLEYS Health Systems, Inc.
Please charge my gift to: ☐ MC ☐ Visa ☐ AMEX

Print Name as it appears on card security code
__________________________________________
Card Number ________________________________ Expiration Date ________________
Signature of Card Holder __________________________

Thank You!
For making a difference in the lives of our patients!