We invite you to share encouraging words of appreciation for team members, physicians, volunteers or anyone who contributed to a meaningful experience at Mary Bird Perkins Cancer Center.

To (Team Member Name): ____________________________

Department: ____________________________

From*: ____________________________

Date: ____________________________

Your Message

*Not Required
Please leave your Gratitude Gram in the Grateful Patient box. The special note of appreciation will be sent to the individual you recognized. Thank you for taking the time to share your positive experience!

Contact Information (not required)

Email: ____________________________

Phone: ____________________________

Address: ____________________________

☐ I would like to learn more about the Grateful Patient program

marybird.org/grateful
(225) 215-1236
grateful@marybird.com