



# Stellar at the Sturgeon

Nominate a Sturgeon Community Hospital staff member as *Stellar at the Sturgeon*, along with a donation, one-time or monthly, to the Sturgeon Hospital Foundation

## NOMINEE INFORMATION

Name

Position

Phone

Why/How was this person Stellar?

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## MY INFORMATION

Name

E-Mail

Phone

I am a

Grateful Patient

Friend or family Member

Staff

Other

Payment:

Cardholder Name

Visa/MasterCard #

Expiration Date

*Or make a cheque payable to Sturgeon Community Hospital Foundation*

Signature \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

I am willing to share my story with others

## MY PERSONAL MESSAGE TO BE INCLUDED IN CARD TO NOMINEE

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