

# knot forgotten

honoring your health care courage

*“Diagnosed with Breast Cancer at the age of 71 has become quite the journey. Besides the usual difficult physical and emotional reactions that chemotherapy, surgery, and radiation bring, is the financial drain it can put on a family. With only social security to live on, this is quite a challenge.*

*CoxHealth Foundation has blessed me with a gift toward my current hospital charges and transportation to care. This has allowed me a measure of relief so I can concentrate on recovering from the physical and emotional ravages of chemotherapy to date.*

*Thank you for supporting CoxHealth Foundation so they are able to help people like me!”*

Denise – CoxHealth Patient

Honor the special people in your life by letting them know they are **KNOT FORGOTTEN**. Purchase a **knot** in honor or memory of someone who has battled or currently battling a health care challenge, or in celebration of a caregiver. It will adorn the Christmas tree located in the lobby of Cox Barton County Hospital during the holiday season. Each ribbon will have a card attached that will have your loved ones name and your message. Each donation directly benefits local patients by providing funds that will help with transportation needs to access health care services through the Cox Barton County Hospital Transportation Fund.

**To support this program**, complete your message card below and enclose payment for the ribbon selected. Thank you for giving our patients another ally in their fight!

**Bows can also be purchased online at [coxhealthfoundation.com](http://coxhealthfoundation.com) | All gifts are fully tax deductible as allowed by law.**

**Please check indicate the bow color and the number of bows that you would like to honor your loved one or caregiver:**

☐ honor/gold bow   ☐ memory /red bow   ☐ celebrate a caregiver /silver bow

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please charge my credit card:**   ☐ VISA   ☐ MasterCard   ☐ Discover

Credit Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_ 3 digit security code \_\_\_\_\_

Signature \_\_\_\_\_

Quantity of Small Bows / \$10 each: \_\_\_\_\_

Quantity of Large Bows / \$25 each: \_\_\_\_\_

Total: \_\_\_\_\_

**Mail your donation to:**

CoxHealth Foundation  
P.O. Box 8131  
Springfield, MO 65890

**For more information,  
call 417/269-7150.**



**COXHEALTH FOUNDATION**



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**Name of Loved One or Caregiver:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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