

I would like to recognize:  Employee Name (first and last)  WMC Department  Describe this employee's dazzling moment			
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			-
			_
Submitted by:			_
Date:	Phone:		
Patient	☐ Visitor	☐ Family Member	
Employee	Physician	Volunteer	

Please return this card to the Life Balance Team through the Shine Box in the main lobby or interoffice mail. Incomplete cards will not be accepted.