

What makes you SSMile?

The exceptional service of _____
(First Name) (Last Name)

from _____ made me SSMile, because
(Department)

(Describe in detail, use back if necessary)

SSMile
I Love Exceptional

I Love Exceptional, _____
(Signature)

Department: _____
(If you're an employee)

Date: _____



Cardinal Glennon

SSM Cardinal Glennon Children's Medical Center