

HEALTHCARE HEROES AT CAPITAL HEALTH

For all of us at Capital Health — from nurses, radiologists, EMTs, and physicians, to unit clerks, food service providers, security guards, and maintenance personnel — the heartfelt thank you notes and expressions of gratitude sent by patients and their families never cease to amaze us. They sustain us in our shared commitment to ensure that patient care remains everyone's top priority.

For patients and families who wish to further show their gratitude in a meaningful and rewarding way, the Capital Health Foundation provides an opportunity to honor a valued caregiver by making a financial contribution to the **HEALTHCARE HEROES PROGRAM**.

"I will never forget the paramedics who saved my life."



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THANK YOU

"There is no gift more precious than life.
Know that I am grateful for your
skill and dedication."

"My Grandma's physician cared for her
out of love, not out of obligation."

"My recovery was a long, tough road.
My nurses were with me every step of
the way."

"My son had exceptional medical care.
It was the personal attention that
made him feel special."



HOW DO YOU SAY THANK YOU? HEALTHCARE HEROES



Capital Health Foundation
433 Bellevue Avenue
Trenton, NJ 08618
609.394.4121
capitalhealth.org/foundation

Information filed with the Attorney General concerning this charitable solicitation and the percentage of contributions received by the charity during the last reporting period that were dedicated to the charitable purpose may be obtained from the Attorney General of the State of New Jersey by calling 973-504-6215. Registration with the Attorney General does not imply endorsement. Please notify the Capital Health Foundation in writing if you wish to be removed from our mailing list.



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*"My therapist helped me regain my mobility.
I got my job and my pride back."*

Perhaps it was the compassion the doctor showed in caring for your grandmother. Or the life-saving CPR that the paramedic provided.

Maybe it was the skill of the nurse who helped you welcome a precious new life into this world. Or the way a therapist pushed you to get your mobility and your job back.

Perhaps it was a simple smile that raised your spirits and renewed your hope.

Whatever it was about the care you received at Capital Health, you know you'll never forget it. So, how do you say **"thank you"** to the people who were there when you needed them most?

HONOR YOUR HERO

Gifts to the **HEALTHCARE HEROES PROGRAM** express deep personal gratitude to Capital Health health care professionals, volunteers and employees. Aside from your good health, there's no greater reward for the work they do.

Upon receipt of your gift, the Capital Health Foundation will notify your Hero and publicly acknowledge their heroism through special recognition. The dollar amount of your gift will not be disclosed to your Hero.

SHARE IN THEIR HEROISM

By giving to the **HEALTHCARE HEROES PROGRAM**, you not only recognize the exceptional effort of your caregivers, but also share in the healing work they do each day. That's because your gift will go toward providing innovative technological resources, continuing education for nursing and medical staff, important growth and expansion, and specialty program enhancements. In short, you'll help those who cared for you do the same for others with the technology, training and inspiration so critical to their success.

Throughout Capital Health, whether it be in emergency, trauma, pediatrics, maternity, neurosciences, diagnostic imaging, cardiology, outpatient surgery, oncology or other critical areas, your gift helps us to continue to provide the comprehensive, quality health care services that the people of our community need and deserve. By giving to the **HEALTHCARE HEROES PROGRAM**, you'll share directly in this mission.

HONOR YOUR HERO TODAY

Enclosed is my gift of \$ _____

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

METHOD OF PAYMENT

☐ My check is enclosed.
Made payable to Capital Health Foundation.

☐ Please charge my credit card:

☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Name _____

Account # _____

Expiration Date _____ Security Code _____

☐ I wish to remain anonymous.

I WOULD LIKE TO HONOR THE FOLLOWING HERO:

☐ Please check here if we may use your written comments in publication. Your name will be kept confidential.

First Name _____ Last Name _____

Comments (optional) _____
