## FOUNDATION FRIENDS PROGRAM

Business Name

Business Title

Business Address

City State Zip

Business Phone Business Email

### SPOUSE INFORMATION

(Circle) Mr. / Mrs. / Ms. / Miss / Dr.

Last Name, First Name, Middle Initial, Suffix

Date of Birth

### DEPENDENT INFORMATION

(Circle) Mr. / Mrs. / Ms. / Miss / Dr.

Last Name, First Name, Middle Initial, Suffix

Date of Birth

### MY PREFERRED CONTACT IS:

☐ Home ☐ Business

## THANK YOU FOR HELPING TO MAKE A DIFFERENCE!

Your gift helps to advance our programs and services while ensuring that you, your family and friends receive the finest healthcare possible close to home.

## PLEASE JOIN US.

For more information, please call
Capital Health Foundation Office
609.394.4121

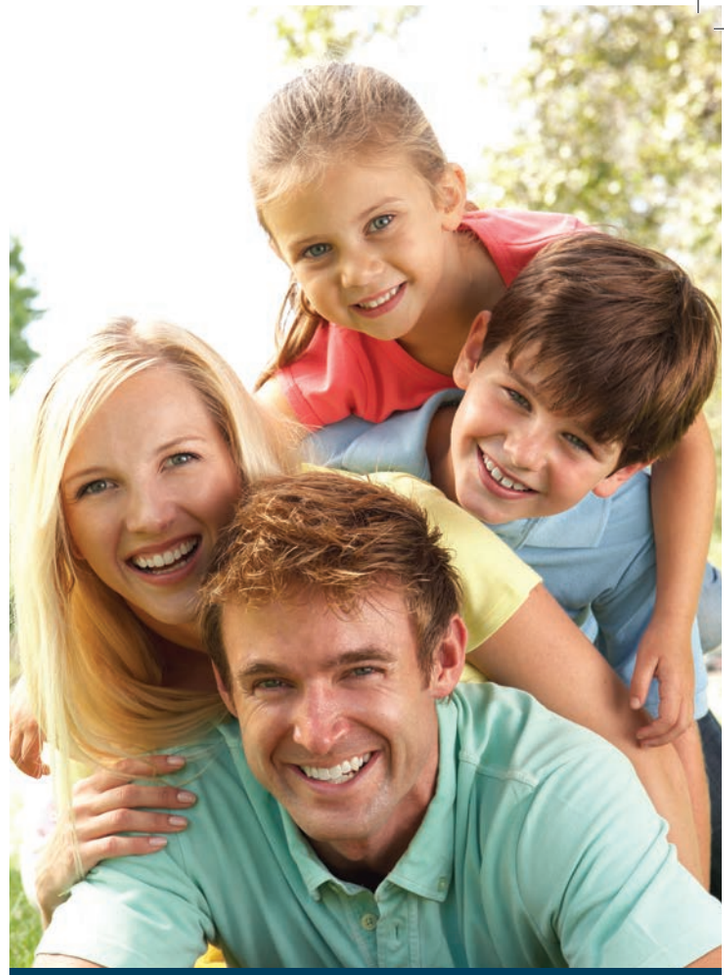
capitalhealth Foundation

433 Bellevue Avenue
Trenton, New Jersey 08618
capitalhealth.org/foundation

Information filed with the Attorney General concerning this charitable solicitation 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.*

FIND CAPITAL HEALTH ON



# CAPITAL HEALTH FOUNDATION FRIENDS PROGRAM

capitalhealth Foundation

capitalhealth.org/foundation

## WHAT IS THE CAPITAL HEALTH FOUNDATION FRIENDS PROGRAM?

Foundation Friends are people like you, who wish to show their commitment, support and dedication to a healthy community. As a member of the Capital Health Foundation Friends Program you will receive personalized attention by the Foundation leadership team. A benefactor who has donated a minimum of $1,000 is eligible to become a member. Family members residing under the same household may also be included as members.

## OUR SPECIAL WAY OF SHOWING APPRECIATION TO YOU…

- On admission as an inpatient or to our Emergency Department, the Foundation will be alerted to your arrival.
- During business hours, Monday through Friday, the Foundation staff will visit during your hospital stay (if desired). We always check in with the nursing station to see if you are receiving visitors.
- We will bring you a small portfolio, so you can write down important information from your doctors and nurses. A Foundation card listing important hospital telephone numbers will be included so you have easy access to all your needs.
- We will offer you and your visitors discount coupons to use in the hospital cafeterias, gift shops and other select amenities.
- We offer tours of Capital Health hospitals and introductions will be made when possible to physicians and administrators.
- You can always contact your friends at the Foundation for more information. We care about your needs and we will do our best to respond in a timely manner.

## FOUNDATION FRIENDS PROGRAM

### OPT IN

☐ I/we accept your invitation to become a member of the Capital Health Foundation Friends Program.

### SIGN UP

☐ Enclosed is my/our donation of $1,000 or more (payable to Capital Health Foundation)

☐ Please charge my credit card:

Name on Card

Account #

Exp. Date Security Code

### PERSONAL INFORMATION

(Circle) Mr. / Mrs. / Ms. / Miss / Dr.

Last Name, First Name, Middle Initial, Suffix

Date of Birth

Address

City State Zip

Phone Email

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