

Enclosed is my/our gift in celebration of Doctor's Day.

☐ \$25   ☐ \$50   ☐ \$75   ☐ \$100   ☐ Other \$ \_\_\_\_\_

☐ I/We wish to remain anonymous.

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Phone

\_\_\_\_\_

E-mail

☐ I/We prefer to charge my/our gift of \$ \_\_\_\_\_ to:

☐ American Express   ☐ Visa   ☐ MasterCard

\_\_\_\_\_

Account#

\_\_\_\_\_

Exp. Date

\_\_\_\_\_

Security Code

\_\_\_\_\_

Signature [required for all charges]

\_\_\_\_\_

Name on card [please print]

\_\_\_\_\_

Billing Zip

Please make check payable to **Capital Health** and return it with this form in the envelope provided. Your gift is very much appreciated and fully tax-deductible as a charitable contribution.

**MATCHING GIFTS**

We welcome matching gifts from participating companies. You can obtain a matching gift form from your employer and include the completed form with your gift.

☐ I have applied for a matching gift online through my employer.

**PLANNING A GIFT**

- ☐ I have included Capital Health in my estate plans.
- ☐ Please send me information on how to include Capital Health in my estate plans.

Presorted  
First Class Mail  
US Postage  
**PAID**  
Trenton, NJ  
Permit No. 530



Development Office  
Two Capital Way · Suite 361  
Pennington · NJ 08534

GRATITUDE is the best medicine

National Doctor's Day ■ March 30, 2019



**capitahealth**  
Minds Advancing Medicine



Two simple words – thank you – cannot be said often enough. So we would like to **THANK YOU** for choosing Capital Health as your health care resource and hope you share our pride in the physicians, nurses and staff who build on a tradition of skill and compassion to deliver the highest quality care to the communities we serve.

In celebration of National Doctor's Day, we invite you to **HONOR YOUR SPECIAL DOCTOR** for his or her commitment to your good health with a gift to the Healthcare Heroes Program. We will share the news of your thoughtful gesture with your physician who also will receive a commemorative certificate and lapel pin.

Your generous support is an investment in the health and well-being of family, friends and neighbors. **THANK YOU!**

## THREE SIMPLE WAYS to say THANK YOU:

- 1 Complete the enclosed form and mail it with your gift to:  
Capital Health  
Development Office  
Two Capital Way, Suite 361  
Pennington, NJ 08534
- 2 Call the Development Office  
at 609.303.4121
- 3 Visit [capitalhealth.org/donate](https://capitalhealth.org/donate)  
to make your gift online

National Doctor's Day ■ March 30, 2019

I/We would like to honor the following physician(s):

[1]

Please print physician's first and last name

My/Our special note of thanks

[2]

Please print physician's first and last name

My/Our special note of thanks

Honor Another Healthcare Hero:

Please print caregiver's first and last name

My/Our special note of thanks

☐ Check here if we may publish your comments in print or online.  
Your name(s) will be kept confidential.

National Doctor's Day ■ March 30, 2019

We appreciate your consideration of this appeal. If you wish to be removed from future fundraising appeals, please call 609.303.4121, send a written request with your name and address to Capital Health Development Office, Two Capital Way, Suite 361, Pennington, NJ 08534, or e-mail your request to [donate@capitalhealth.org](mailto:donate@capitalhealth.org). A copy of our registration and financial information may be obtained from the Office of the Attorney General of the State of New Jersey by calling 973.504.6215. Registration does not imply endorsement.