

CAPITAL FRIENDS PROGRAM

OPT IN

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

SIGN UP

- Enclosed is my/our check (payable to Capital Health) in the amount of \$ _____.

- Please charge my credit card in the amount of \$ _____.

VISA Mastercard AMEX Discover

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

continued on back

THANK YOU FOR HELPING TO MAKE A DIFFERENCE!

Your gift plays a valuable role enabling the continuation of Capital Health's commitment to providing care based upon our core values of **Integrity, Compassion, Excellence and Teamwork.**

PLEASE JOIN US.



Scan the QR code to make a gift now.

For more information, please call
Capital Health Office of Development

609.303.4121



capitalhealth

Capital Health Office of Development

Two Capital Way, Suite 361

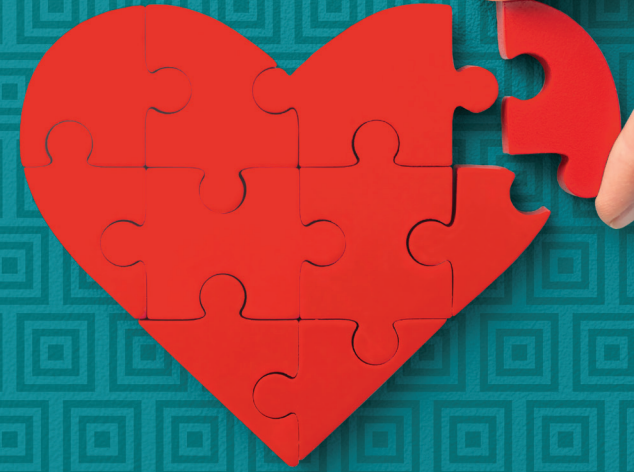
Pennington, NJ 08534

donate@capitalhealth.org

@capitalhealthnj     

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.

We appreciate your consideration of this appeal. If you wish to be removed from future fundraising appeals, please call us a 609.303.4121, or send a written request with your name and address to Capital Health Office of Development, Two Capital Way, Suite 361, Pennington, NJ 08534 or email your request to donate@capitalhealth.org.



CAPITAL FRIENDS PROGRAM



capitalhealth

capitalhealth.org/donate



CAPITAL 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

WHAT IS THE CAPITAL FRIENDS PROGRAM?

Capital Friends are people like you, who wish to show their commitment, support and dedication to a healthy community. As a member of the Capital Friends Program, you will receive personalized attention by the Development 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...

- During business hours, Monday through Friday, a member of the Office of Development team will visit during your stay (if desired). We always check in with the nursing station to see if you are receiving visitors.

- The Office of Development will provide you with a customized Capital Friends gift to include a small portfolio, to record important information from your doctors and nurses, a Development card listing important hospital telephone numbers and discount coupons for the cafeteria.
- Complimentary invitations and publications will be extended to Capital Friends members featuring educational forums and special events.
- When available, tours of Capital Health facilities with introduction to Capital Health Administration and Physicians.
- Your friends in the Office of Development are available and happy to answer any questions you may have regarding your, or a loved one's, care. We care about your comfort and well-being and will do our best to respond in a timely manner.



capitalhealth.org/donate

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