Enclosed is my/our gift in c \$50 \$\square\$ \$100 \$\square\$ \$25		Doctor's Day	
I/We wish to remain anonymo			Ψ
Name			
Address			
City		State	Zip
Phone			
E-mail			
☐ I/We prefer to charge my/ou☐ American Express	☐ Visa ☐ I	MasterCard	to:
Account#	Exp. Date	Security (Code
Signature [required for all char	ges]		
Name on card [please print]		Billing Zi	р
Please make check payable to C envelope provided. Your gift is v as a charitable contribution.	=		
MATCHING GIFTS			
We welcome matching gifts from participating and include the completed form with your gif	t.	tain a matching gift fo	orm from your employer
PLANNING A GIFT			
■ I have included Capital Health in my estate	e plans.	Scan the QR co	

Honor your healthcare hero today!

National Doctor's Day • March 30, 2022





■ Please send me information on how to include Capital Health in my estate plans.

to make a gift now.







We would like to **THANK YOU** for choosing Capital Health as your preferred health care resource. Today, as with each day, Capital Health's physicians deliver superior and compassionate medical care to the communities we serve. During the current public health emergency, there is no better time to show your gratitude to your physician than recognizing him or her on 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. News of your thoughtful gesture will be shared with your physician who also will receive a commemorative certificate and lapel pin.

Your generous gift is an investment in the health and well-being of your family, friends, and neighbors.

THANK YOU!

Say THANK YOU today:

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

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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.

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 Office of Development, Two Capital Way, Suite 361, Pennington, NJ 08534, or e-mail your request to 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.