



Capital
LEADERS

*“Leadership is the capacity
to translate a vision into reality.”*

– WARREN BENNIS, AMERICAN SCHOLAR, 1925-2014



Capital Leaders are trailblazers.

They are grateful patients.

They are longtime, beloved friends.

They are our roots and wings.

There are a variety of ways to fulfill a Capital Leaders pledge of support. Donors determine the timing, cadence and type of gift most appropriate and meaningful to them.

We look forward to celebrating and recognizing your connection and commitment to Capital Health.

WE INVITE YOU TO BECOME A *Capital*
LEADER

JOIN THE CAPITAL LEADERS

Capital Health Foundation recognizes donors who uphold our vision by making generous annual contributions of \$1,000 or more as Capital Leaders. Their transformational gifts to Capital Health Foundation are a testament to a special level of commitment sustaining and strengthening the health and well-being of our communities.

Throughout the year, our esteemed Capital Leaders are recognized and offered meaningful ways to engage with Capital Health and their communities.

- Special event invitations
- Exclusive quarterly communications
- Capital Health Foundation wearables by Vineyard Vines
- Recognition in our Capital Impact publication and on our website

TO BECOME A *Capital Leader*
PLEASE RETURN THE ENCLOSED REPLY OR
DONATE ONLINE AT [CAPITALHEALTH.ORG/DONATE](https://capitalhealth.org/donate)

“The care our family experienced was exemplary and we want to make sure that others in the future can benefit like we did. We donate as a way to express gratitude and to support important programs.”

—AMANDA L., GRATEFUL PATIENT DONOR



Capital Health Foundation is a philanthropic, community outreach and community development arm of Capital Health, the region's leader in providing progressive, quality patient care.

Working with our generous community, we invest in our people and facilities for the benefit of those we serve.

Today's gifts ensure a healthier tomorrow. Thank you.



capitahealth
Foundation

YES, please count me among your *Capital* LEADERS

DONOR LEVELS

- ☐ \$100,000 and above - Chairman's Circle
- ☐ \$50,000 to \$99,999 - President's Circle
- ☐ \$25,000 to \$49,999 - Visionary Circle
- ☐ \$10,000 to \$24,999 - Dignitary Circle
- ☐ \$5,000 to \$9,999 - Ambassador
- ☐ \$2,500 to \$4,999 - Partner
- ☐ \$1,000 to \$2,499 - Friend

CONTACT INFORMATION

NAME(S) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE NUMBER _____

PLEASE SELECT THE OPTION THAT APPLIES

- ☐ Enclosed is my gift of \$_____.
- ☐ Charge my credit card in installments of \$_____ over _____ months.
- ☐ I would like to discuss my gift with a member of the team.
- ☐ I have included or would like to include Capital Health in my estate plans.
- ☐ My employer will match my gift.

Please see reverse side for payment information.

METHOD OF PAYMENT

☐ Enclosed is my gift check made payable to:
Capital Health.

☐ Please charge my gift to:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

ACCOUNT NUMBER

EXPIRATION DATE

SECURITY CODE

SIGNATURE

Thank you for your generous gift.

Gifts to Capital Health Foundation are fully tax deductible.

We appreciate your consideration and 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 Foundation, Two Capital Way, Suite 361, Pennington, NJ 08534, or email 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.

GIFT INFO

Capital Leaders are encouraged to direct their gifts to personally meaningful areas of Capital Health. How would you like your gift to be designated?

Please select one:

- ☐ Area of greatest need
- ☐ Cardiology service line
- ☐ Oncology (cancer) service line
- ☐ Emergency services
- ☐ Maternal/Child health
- ☐ Medical Excellence Fund
- ☐ Other: _____

How you would like to be recognized on our donor list:



If you have any questions about donations, please contact Capital Health Foundation at 609.303.4121, email donate@capitalhealth.org or scan the QR code.