

You, Your Friends, Family and Neighbors Are Already Benefiting!



Maybe you or someone you know received financial assistance to cover the cost of medication needs not covered by an insurance plan.

You, a friend or family member might have already benefited from new technology purchased for Interventional Radiology or the Surgery Center with funds held in the CMH Foundation.

By supporting the 2009 CMH Foundation Signature Page Thursday, Oct. 1, 2009 in the *Wilmington News-Journal*, you are investing in your own community.

Please give generously!



Thank you for your generosity. Your gift today will truly make a difference!

Your donation will help those who truly want to help themselves and will also help the health system and the hospital to continuously improve local health care services.

Community need for care remains high and in these tough times, communities turn to their local hospital. Hospitals are walking a tightrope, trying to balance the growing needs of their communities with today's economic challenges.

Hospital foundations remain the net below the tightrope.

Please give generously!



We want to give back. Please include us in the 2009 CMH Foundation Signature Page Ad in the October 1, 2009 *Wilmington News-Journal*.

Please indicate your gift amount below:

- | | |
|---|--|
| <input type="checkbox"/> \$500 (business card sized company logo – email to: zolarocca@cmhregional.com) | <input type="checkbox"/> \$100 (name or company listed in 16-pt bold font) |
| <input type="checkbox"/> \$250 (name or company listed in 24-pt bold font) | <input type="checkbox"/> \$50 (name or company listed in 14-pt bold font) |
| <input type="checkbox"/> \$150 (name or company listed in 18-pt bold font) | <input type="checkbox"/> \$25 (name or company listed in 12-pt bold font) |
- \$ Please consider this my annual gift. I support CMH, but would prefer not to be included in the Signature Page.

Individual names or company name:

Name (s): (Print legibly) _____ Date _____ Phone: _____

Mailing Address: _____ E-mail: _____

Visa, MasterCard, American Express, or Discover Card information (circle card of choice)

Cardholder's Name _____ Acct.# _____ Exp.date _____

Signature: _____

Check enclosed _____

Please mail this form to: CMH Foundation, 610 W. Main St., P.O. Box 600, Wilmington, OH 45177, 937.382.9454

Gifts to the CMH Foundation exclusively support programs and services at CMH Regional Health System and largely offset charity care expenses—those incurred when assisting underinsured and uninsured members of the many communities we serve with medication supplies, screenings, social services and other healthcare expenses.

You can also donate online at cmhregional.com/foundation

