

our home. our hospital.

PHYSICIAN GIVING CAMPAIGN



Dear Physician,

Your donation to the Chesapeake Regional Health Foundation (CRHF) helps support the technology we use, the facilities we depend upon and most importantly, the patients we serve. It's a way to impact our community's evolving health care needs.

We encourage you to contribute to the "our home. our hospital." fund to support Chesapeake Regional Healthcare's growth. A commitment of \$2,600 or more will qualify you for the Jennings Circle and a gift over \$5,000 will qualify you for the Buckley Society, as outlined below. **Gifts of all sizes will make a difference.**

Your gift to Chesapeake Regional Health Foundation is tax-deductible.

MEMBER - \$600

- Name on website and annual report
- CRHF donation pin
- \$50/month for 12 months

PARTNER - \$1,200

- Name on website and annual report
- Invite to donor reception
- Invite to special events
- CRHF donation pin
- \$100/month for 12 months

JENNINGS CIRCLE - \$2,600

- Name on website and annual report
- Invite to donor reception
- Recognition on donor wall in Garden Entrance
- Voting membership for fund designation
- CRHF polo
- CRHF donation pin
- Twosome at CRHF Golf Tournament
- \$217/month for 12 months

BUCKLEY SOCIETY - \$5,000+

- Name on website and annual report
- Invite to donor reception
- Recognition on donor wall in Garden Entrance
- Voting membership for fund designation
- CRHF polo
- CRHF Foundation Society member pin
- Four seats to the Gala
- Four seats to the Bra-ha-ha Awards Show & Auction
- Four entries to the Bra-ha-ha 5K
- Foursome at CRHF Golf Tournament
- \$417/month for 12 months

Donation Options:

- One-time donation *(check enclosed, credit card, cash)*
- PAL donation *(for CRH and CRMG employees)*
- CRH payroll deduction *(please note total amount given below and it will be divided evenly among 26 pay periods)*
- Automatic monthly credit card donations *(for pledges of \$1,000 or more; spread your gift across 12 easy payments)*
- Online donations: Foundation.ChesapeakeRegional.com

Name: _____ Office Name/Department: _____

Address (City, State, Zip Code): _____

Phone: _____ Email: _____

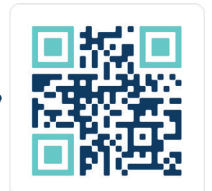
Total Gift Amount: \$ _____ Check Enclosed Payroll Deduction Monthly Payment Credit Card

Credit Card Type: Visa MasterCard AMEX Discover Name on Card: _____

Cardholder's Billing Address (City, State, Zip Code): _____

Card No.: _____ Expiration Date: _____ Security Code: _____

Signature: _____



Scan to Donate!

Return form to: **Chesapeake Regional Health Foundation**

736 Battlefield Blvd., North, Chesapeake, VA 23320 | Foundation@ChesapeakeRegional.com | 757-312-6314