

Mission Statement

The mission of the Newman Regional Health Foundation is to enhance quality health care for the residents of Lyon County and the surrounding counties by securing private gifts which support the mission of Newman Regional Health.

Vision Statement

To support the mission of Newman Regional Health and enhance the quality of life and health for all residents in the area we serve.



1201 W. 12th Avenue Emporia, KS 66801
620-341-7781
www.newmanrh.org

My/our gift of \$_____ is enclosed.

Please make checks payable to:

Newman Regional Health Foundation

Charge my gift of \$_____ to:

Visa MasterCard Discover

American Express

Card# _____

Exp. Date: _____

Signature: _____

I/we wish to make this gift...

In Memory of: _____

In Honor of: _____

Relationship: _____

Send acknowledgement of my/our gift to:

Name: _____

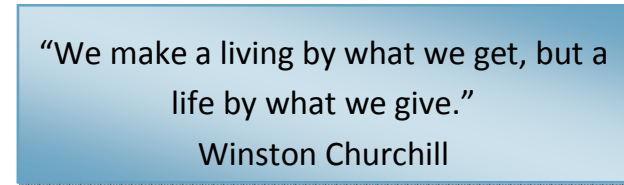
Address: _____

City, State, Zip: _____

Please identify the relationship of the person being notified to the individual being memorialized/honored.

The Newman Regional Health Foundation is a 501(c)(3) charitable organization that exists to support Newman Regional Health. Your gift is tax deductible.

You may request to opt out of receiving fundraising information by sending your name, address and a written statement of your request to the NRH Foundation at 1201 W. 12th Avenue, Emporia, KS 66801, or email jheerman@newmanrh.org.



Newman Regional Health Foundation

Ensure a Legacy of Health.

At Newman Regional Health your care and comfort is a priority for every member of our staff. You and your family deserve the best health services, and our patient care team considers it an honor to provide that care to you.

Care Champions

Often patients and family members are touched by the specific efforts of a member of our staff and want to pass along their gratitude. That is why we established the Care Champions Program. It provides patients, family members, and loved ones a way to say thank you and an opportunity to honor the special people who are providing exceptional care every day. You may wish to acknowledge an individual or a team, a medical professional, or someone from our support staff or volunteers. Write your words of appreciation on the form in this brochure, and their efforts will be recognized. They will receive your note of thanks as well as a special certificate. Take it one step further and honor their efforts with a donation. In doing that you become a Care Champion as well.

You Are the Cornerstone of Our Success

Exceptional care isn't provided solely by our caregivers but also by the generous gifts of patients and their families. Through these gifts, we are able to purchase state-of-the-art medical equipment, update our facilities, and assist students pursuing medical professions. Most importantly, these gifts provide us the ability to adopt future initiatives, enabling us to care for your loved ones for generations to come.

Honoring Your Champion

Recognizing a Care Champion and making a donation is easy. Simply write your words of thanks on the next page and fill in your donation information on the back of this brochure and return it to us. No donation is required in order to recognize a Care Champion, but understand your gift, large or small, is a powerful tool for enhancing quality health care now and in the future. We are grateful to you for furthering such a worthy cause.

A Note Of Thanks

To (first and last name): _____

Department: _____

Message:

From: (Optional)
