

My/our gift of \$ \_\_\_\_\_ is enclosed.

My/our gift is in the form of a pledge of \$ \_\_\_\_\_ to be paid in \_\_\_\_\_ payments of \$ \_\_\_\_\_ each for \_\_\_\_\_ years/months beginning (date) \_\_\_\_\_.

Please make checks payable to:  
Newman Regional Health Foundation

Please charge my gift of \$ \_\_\_\_\_ to my:  
\_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_ Discover

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I/we wish to make this gift...

In Memory of: \_\_\_\_\_

In Honor of: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please 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. \_\_\_\_\_

I work for a matching gift company (Please contact me).

Employer \_\_\_\_\_

\_\_\_\_ Check here if you would like more information about Planned Giving.

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

*"The measure of a life is not its duration, but its donation."  
- Peter Marshall*



Newman Regional Health Foundation is a 501(c)(3) charitable organization that exists to benefit Newman Regional Health and its mission. Your gift is tax deductible.

For more information about the Newman Regional Health Foundation, please contact:

Jodi Heermann  
Executive Director  
620-341-7781  
jheermann@newmanrh.org  
or visit our website at  
www.newmanrh.org

*"I shall pass through this world but once. Any good therefore that I can do or any kindness that I can show to any human being, let me do it now. Let me not defer or neglect it, for I shall not pass this way again."  
- Mahatma Gandhi*

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. 12<sup>th</sup> Avenue, Emporia, KS 66801, or email [jheermann@newmanrh.org](mailto:jheermann@newmanrh.org).

## Mission Statement

The mission of the Newman Regional Health Foundation is to enhance quality healthcare 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.

**Newman**  
REGIONAL HEALTH  
Foundation

1201 W. 12<sup>th</sup> Avenue • Emporia, KS 66801  
620-341-7781  
[www.newmanrh.org](http://www.newmanrh.org)

**Newman**  
REGIONAL HEALTH  
Foundation



...Investing in your  
Family's Healthcare

### Our Community Commitment

Newman Regional Health is committed to providing high quality healthcare to the people of Lyon County and the surrounding communities. For nearly 90 years, Newman Regional Health has strived to meet the needs of a growing community and has established a tradition of excellence in healthcare for east central Kansas. Even though Newman Regional Health is a county hospital, it does not receive county tax funds. All excess revenues are invested in the community's health by purchasing new equipment, upgrading facilities, providing charity care and developing new programs and services.

### The Foundation

Incorporated in 1957 as the Newman Memorial Hospital Endowment Association, Newman Regional Health Foundation continues to help the hospital achieve its mission. The Foundation secures, manages and disburses funds to benefit Newman Regional Health and is committed to helping sustain Newman Regional Health as a community hospital. The Foundation has its own Board of Directors made up of community citizens who volunteer their time and talents to the Foundation.

*"Life's most persistent and urgent question is 'What are you doing for others?'"*  
 - Rev. Martin Luther King

### Charitable Gifts Provide Funds for...

- New and innovative medical services
- Newman Regional Health medical equipment needs
- Community wellness and prevention programs
- Newman Regional Health facility updates
- Resources for students pursuing medical professions
- ...and much more.

### Why Donate to the Foundation?

Your donation is an investment in the healthcare of your family, friends and neighbors and will improve the overall health of the community. An active and strong Foundation provides essential support for the hospital. Through the generosity of our donors, the Foundation is able to fulfill its mission.

Located in the east lobby, the "Tree of Life" recognizes those who have made donations of \$1,000 or more to the Foundation. A leaf or stone will be inscribed with the names of those being honored. A Memory book recognizes donations of \$100 or more. All donations are cumulative and the donors name will progress from level to level as their contribution grows.



*"We make a living by what we get,  
 but a life by what we give."*  
 - Winston Churchill



### Giving Opportunities

Your gifts are investments that build a stronger Foundation dedicated to Newman Regional Health.

There are many ways to make a charitable gift. Gifts of any size are truly appreciated. Please discuss the following options with either your financial advisor or the Foundation's Executive Director.

### Gifts of Cash and Other Assets

Cash gifts can be designated by the donor to be applied towards restricted endowment funds or the area of greatest need. Real estate, appreciated securities, works of art or other assets can be sold or invested for the long-term benefit.

### Memorials and Tributes

Memorials and Tributes are ways to honor the memory of a special person or pay tribute and say thank you.

### Planned Giving

Special tax incentives are available for people who make carefully considered deferred gifts through estate plans. Life insurance plans are also options for giving.

## Yes! I want to support the Newman Regional Health Foundation

Please complete this form and return to:

**Newman Regional Health Foundation**  
 1201 West 12<sup>th</sup> Ave.  
 Emporia, KS 66801

**Thank you** for your thoughtfulness and generosity.

|   |       |     |
|---|-------|-----|
| Name  | Date  |     |
| Signature   |       |     |
| Address   |       |     |
| City  | State | Zip |
| E-mail  |       |     |
| Telephone   |       |     |
| Please list my name or company in the following manner (Please Print) |       |     |

Gifts will be credited toward the following giving levels:

- \$50 - \$99 Samaritan
- \$100 - \$499 Partner in Health
- \$500 - \$999 Patron
- \$1,000 - \$2,499 Fellow
- \$2,500 - \$4,999 Sustainer
- \$5,000 & up Benefactor
- \$ \_\_\_\_\_ Other

Donation information continued on back...