

Yes! I want to help provide the very best in care to members of our community. Here is my tax- deductible gift so that Oneida Healthcare can continue to offer compassionate, exceptional medical attention to our entire community.....always!



\$250 \$500 \$1000
 \$2500 \$5000 +

To thank you for your exemplary support of \$250 or more, you will receive special acknowledgement as an Orchard Hill donor. You will be included on Orchard Hill recognition listings, receive biannual newsletters from the Foundation, as well as invitations to annual donor events honoring you and other community philanthropists. A gift of \$500 or more will give you the added exposure of recognition on the hospital's interactive kiosk located in the main lobby.

My check is enclosed, payable to Oneida Healthcare Foundation

I understand that my contribution will be used to fund the following initiatives:

- Educational Scholarships
- Technology needs – ECF DeCentralized Dining Renovation

I wish to designate in part or in total to the following:

- Diabetes Self Management Program
- Project Shine – Women's Health initiative
- Other: _____

Full Name(s): _____
(Name as you'd like it to appear in recognition publications)

Address: _____

Email: _____ Phone: _____

In honor / memory of:

Thank you for your continued commitment!

All of us at Oneida Healthcare are deeply grateful for the support of our friends in the community. If you prefer not to receive mail from us regarding charitable gifts to Oneida Healthcare, please return this reply slip with a note telling us so and we will remove your name from our mailing list.