



**CHESAPEAKE REGIONAL
HEALTH FOUNDATION**

Donations of \$500 or more are recognized on *The Giving Tree* located in the Chesapeake General Hospital atrium lobby.

Enclosed is my gift to support Chesapeake Regional Medical Center:

Donor's Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ **Email Address:** _____

___ My check for \$_____ is enclosed, made payable to **Chesapeake Regional Health Foundation.**

or

___ Bill \$_____ to my credit card (circle one): VISA MasterCard Discover

Cardholder's Name: _____

Cardholder's Billing Address (required): _____

Credit Card Number: _____ Expiration: _____ Security code: _____

or

___ I pledge \$_____, payable over three years.

Signature: _____

Send pledge reminders to me (choose one): ___quarterly ___ annually

(Optional) Enclosed is my first pledge payment of \$_____.

Unless noted below, please use my gift for broader support of Chesapeake Regional Medical Center:	
___ Chesapeake Regional Medical Center Endowment	___ Nursing Scholarships
___ ComfortCare Hospice	___ Sidney M. Oman Cancer Treatment Center
___ Emergency Services	___ Patient Assistance/Benevolence
___ Mother/Baby Unit	___ Women's Health Services

1007

Mail to: Chesapeake Regional Health Foundation, 736 Battlefield Boulevard, North, Chesapeake, VA 23320
Questions? Call the Office of Fund Development at (757) 312-6314.

Chesapeake General Hospital Healthcare Foundation, DBA Chesapeake Regional Health Foundation, is a 501(c)(3) nonprofit organization, Tax ID# 54-1693739. The mission of the Chesapeake Regional Health Foundation is to support Chesapeake Regional Medical Center by helping it respond to the evolving healthcare needs of the community.