

# Adena Health Foundation is supporting Adena's Emergency Department Expansion by conducting a \$3,000,000 capital campaign.

As a commitment to our future, the Foundation is asking leaders to give for our deserving patients, our dedicated physicians and the health of our entire community.

Adena is leading the region with access to state-of-the-art emergency care. The Emergency Department expansion will nearly triple the size of Adena's current Emergency Department, growing from 16,500 to 59,000 square feet. By growing, we will be able to handle 19,000 more patient visits each year. With a fundraising goal of \$3 million and a total cost of \$36.1 million, this major community investment will align us with 21st century practices and give people in our region the emergency experience they deserve and expect for many years to come.

**Leave your mark on our next 150 years of progress!**

Please consider supporting the campaign by donating at the [Leadership or Major Gift Level](#).

To leave your mark, please complete the giving form on the back and return it to the Adena Health Foundation by August 31.



**Give to Growth**  
EXPANDING TO MEET OUR COMMUNITY'S EMERGENCY NEEDS

Emergency Department  
Capital Campaign



Health Foundation

# I/We want to Give to Growth by investing in the Emergency Department Capital Campaign.

Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Donor(s): \_\_\_\_\_

Please list name(s) as you wish it (them) to appear in recognition materials.

In Memory/ Honor of: \_\_\_\_\_

Leadership and Major Gift Giving Levels: (See roster for room naming)

\_\_\_\_\_ \$500,000 \_\_\_\_\_ \$200,000 \_\_\_\_\_ \$100,000 \_\_\_\_\_ \$75,000 \_\_\_\_\_ \$50,000  
\_\_\_\_\_ \$25,000 \_\_\_\_\_ \$15,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$5,000 \_\_\_\_\_ Other Gift of \$ \_\_\_\_\_

Name Opportunity Room Choice: \_\_\_\_\_

## Leadership Donation/Pledge Form

Cash     Check#: \_\_\_\_\_     Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_ CVC: \_\_\_\_\_

I (We) would like to make our pledge commitment over a term of years outlined below:

Card Holder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ 1 Year    \_\_\_\_\_ 2 Years

\_\_\_\_\_ 3 Years    \_\_\_\_\_ 4 Years

\_\_\_\_\_ 5 Years

Please bill \_\_\_\_\_ monthly

\_\_\_\_\_ quarterly    \_\_\_\_\_ annually

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### For Adena Employees Only:

Department: \_\_\_\_\_ Building: \_\_\_\_\_

Payroll Deduct \$ \_\_\_\_\_ # of Pays: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

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

Date: \_\_\_/\_\_\_/\_\_\_

Non-cash and deferred giving options are available.

Please contact Sheila Buckley at 740-779-8718, sbuckley@adena.org or Mandy Hart at 740-779-8755, mhart@adena.org with questions.

9 South Paint Street,  
Chillicothe, Ohio 45601



Health Foundation