



Civista Health Foundation
616 E. Charles Street, Suite 102
P.O. Box 1701
La Plata, MD 20646

The Perfect Gift For...

Anniversaries

Mother's Day

Birthdays

Special Occasions



Special information about our program:

- On an annual basis, the Honor Roll of Women will display an alphabetical listing of individual honorees in the year the gift was made (*example:* Gifts made in 2009 will be listed under the heading of that year).
- Gifts made to the Honor Roll of Women program cannot be considered for additional recognition with other fundraising activities of the Foundation.
- Your \$1,000 gift will honor one individual honoree with her name (*example:* Jane Doe, not "The Jane Doe Family").
- Because recognition is permanent, The Foundation can help you determine how to best list the name of your honoree (*example:* Jane Doe, Mrs. Jane Doe, Dr. Jane M. Doe, Jane Doe, RN.).
- The Foundation welcomes generational/family grouping at \$1,000 per name only within the year that the gift was made, and be listed under your choice of family name (*example:*

Doe

Jane M. Doe

Mrs. Jane Doe-Smith

Sally Smith)



Civista Health Foundation
616 East Charles Street #102
PO Box 1701
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301.609.4132
www.civista.org

An Invitation

To Honor The Special Women
In Your Life





HONORING SPECIAL WOMEN IN OUR LIVES

I WANT TO HONOR A SPECIAL WOMAN IN MY LIFE

\$1,000 is ☐ enclosed in full via check *(Please make checks payable to Civista Health Foundation)*

☐ to be charged in full to my credit card ☐ is pledged in (circle) 2 3 4 installments to be paid in full by June 1

☐ MC ☐ Visa ☐ AMEX ☐ Discover Card # _____ Exp. _____ 3 digit security code _____

Name of Honoree as you would like it to appear on the Honor Roll of Women: _____

Honoree is ☐ living ☐ deceased

If living, address of Honoree: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

☐ *If deceased, please mail the acknowledgement card to me as a keepsake.*

Contributors name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Email Address: _____

I would like the honoree card to be ☐ mailed to the honoree ☐ mailed to me for personal presentation to my honoree

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HONORING SPECIAL WOMEN IN OUR LIVES

IF YOU WISH, WE WILL MAIL A CARD OF APPRECIATION TO THE WOMAN YOU HAVE CHOSEN TO HONOR, NOTIFYING HER OF YOUR GIFT. SHE WILL BE PROUD TO HAVE HER NAME LISTED WITH OTHER HONOREES. IN ADDITION, BOTH YOU AND SHE WILL BE INVITED TO THE LATE SPRING CELEBRATION AND UNVEILING OF THE "HONOR ROLL OF WOMEN".



*This Elegant Card Of Appreciation
will be mailed at your request.*

Actual Size:
4.25"x6.25"



HONORING SPECIAL WOMEN IN OUR LIVES

THE NAME OF THE WOMAN YOU HAVE CHOSEN TO HONOR WILL BE PLACED ON THE "HONOR ROLL OF WOMEN" RECOGNITION WALL AT CIVISTA MEDICAL CENTER. YOUR GIFT WILL IMMORTALIZE THE SPECIAL WOMAN IN YOUR LIFE AND HELP UPGRADE THE HEALTH OF WOMEN IN CHARLES COUNTY AND NEIGHBORING AREAS.



HONORING SPECIAL WOMEN IN OUR LIVES

MOTHER, WIFE, DAUGHTER, GRANDMOTHER, FRIEND, MENTOR — SHE WAS THERE WHEN YOU NEEDED HER. NOW A UNIQUE OPPORTUNITY EXISTS TO THANK AND HONOR HER PERMANENTLY.

*Your generous gift of \$1,000
will permanently recognize
and honor the special
woman in your life.*