

WHY GIVE AT WORK?

At Castle Rock Adventist Hospital, you're more than an associate. You are part of the impact we make in our community.

We're not *just* a nonprofit hospital.
We're a **FOR IMPACT** healthcare provider!

Every day you are part of our mission, and we appreciate the difference you make for our patients through your dedicated work.

And we'd like to invite you to make an even bigger impact.

You know **your gift will directly impact patients and fellow associates**—saving lives, soothing souls, giving hope.

But did you know that **your indirect impact can reach \$1 million** or more?

Whether you're prepared to give \$2 per pay period or \$200 one time, your decision to give shows our community that you believe in what we do and are willing to invest in our mission.

In this way, you inspire others in our community to give more to make a much bigger impact.

THANK YOU FOR YOUR GENEROSITY!



thank you

for making
a difference
in our
community

Please drop off your completed form
in the box by the Foundation Office (2nd
floor) or at Human Resources (1st floor).

Castle Rock Hospital Foundation

More info: ValerieRoss@centura.org | 720.455.2534

Associate Campaign
because of **YOU**

Associate Campaign
because of **YOU**



Castle Rock Hospital Foundation



Supporting Castle Rock Adventist Hospital

make a gift

about you

Name _____ Employee Volunteer

Dept _____ Employee ID _____

Email _____ Phone _____

Address _____ City _____ ZIP _____

your impact

PLEASE DIRECT MY GIFT TO:

- 2016-2017 FOCUS FUND: Breast Care Center at Castle Rock Adventist Hospital
- Employee Financial Assistance
- Patient Financial Assistance
- Healing Arts Program
- Global Health Initiatives

HERE'S HOW I'D LIKE TO GIVE:

- PAYROLL DEDUCTION: *I authorize the following amount to be deducted from my paycheck each pay period, beginning immediately.*
 - 1 hour of pay per pay period
 - \$39 per pay period (*just over \$1,000 in a year*)
 - \$2 per pay period
 - \$ _____ per pay period
- ONE-TIME GIFT of \$ _____ via:
 - Payroll Deduction
 - Cash
 - Check (*Payable to Porter Hospital Foundation*)
 - Credit Card:
 - Card # _____
 - Exp. Date ____ / ____ CCV _____

→ SELECT ONE: *Required for per pay period deductions*

- Ongoing (*Your gift will be deducted each pay period until you make an adjustment*)
- End Date ____ / ____

authorization *We must have your signature to process your gift.*

Signature _____ Date _____

Your gift is tax deductible. For questions, email ValerieRoss@Centura.org or call 692534.

PROGRAMS TO IMPACT

BREAST CARE CENTER

With over 200 cases of breast cancer diagnosed in Douglas County each year, your gift to our Breast Care Center will save lives by making regular screenings available to those who couldn't otherwise afford one.

EMPLOYEE FINANCIAL ASSISTANCE

We all face unexpected financial challenges due to illness, loss of a loved one, accidents, etc. Gifts toward Employee Financial Assistance provide a safety net for you and our fellow associates who work together day-in and day-out to keep our community healthy.

PATIENT FINANCIAL ASSISTANCE

Sometimes we see patients who are unable to afford those items and necessities that are key in continuing their healing journey here and once they leave our hospital. Your gift will make the difference for them in a very practical way.

HEALING ARTS PROGRAM

In addition to great medical care, we have an opportunity to make a greater impact on whole person care through art and therapeutic music. Healing Arts and compassionate care come together to heal the body, mind, and spirit of our patients. Your gifts will inspire healing and well-being for both patients and associates.

GLOBAL HEALTH INITIATIVES

With all our privileges here in Castle Rock, we have the opportunity to extend the healing ministry of Christ beyond our community. Your gift will directly improve countless lives in Nepal, Peru, and Rwanda, where we partner with local hospitals to provide desperately needed medical care.