

Dear Supporter:

I am writing you today on behalf of the Trinity Hospital Twin City Foundation and would like to extend a heartfelt thank you for your continued support of local healthcare in our community. During these uncertain times, it is important to have access to healthcare services in our community. While we recognize 2020 has been a difficult year, we would like to request your support again this year. Over the last several years, we have raised thousands of dollars to support Trinity Hospital Twin City. These funds are being used to improve the lives of our families, friends, and neighbors on a daily basis.

During this season of reflection, let us be thankful for our local hospital that can make the difference between life and death for the residents of our community. This year, we would like to continue to support Trinity Hospital Twin City by raising \$100,000 for additional state-of-the-art cardiopulmonary and imaging equipment. This equipment is used daily by emergency and primary care physicians and providers to monitor, screen, diagnose, and treat diseases. Many community residents appreciate the ease of having these tests completed right in their hometown.

Some examples of future needs include:

- 1) Ultrasound Unit This unit uses sound waves to image internal organs with no radiation. Our current unit is 12 years old and due to be updated.
- 2) Pulmonary Function Testing Unit Tests the breathing capacity of patients' lungs. Many residents in the area have breathing problems.

It is my hope that you will consider making a tax-deductible gift, in any amount, to the Foundation this year. Your monetary gift will help to ensure future successes in our efforts to provide local healthcare for our community. Your gift can be completed with the attached form. Thank you for your kind consideration of this request. May you and your family enjoy a blessed holiday season!

Sincerely,

Blair Hillyer Trinity Hospital Twin City Foundation

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<u>PLEASE PRINT</u>			
Name:			
Address:	City:	State:Zip:	
Phone:	Email:		
Enclosed is a gift of \$	Please designate my gift: _		Please mail this completed form with your donation to:
l pledge \$	to be made in payments of \$	over 12 months.	TRINITY HOSPITAL
I would like my gift to be publicly recognized and listed as (EXAMPLE: Mr. & Mrs or In Memory of)			TWIN CITY FOUNDATION P.O. Box 7 Dennison, OH 44621
Through a check made payable to Trinity Hospital Twin City Foundation			Thank You!

