



June 2019

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. 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 right here in our local community on a daily basis.

Thanks to the generosity of supporters like you, we successfully raised enough money to help the hospital purchase new laboratory testing equipment earlier this year. This summer, we would like to continue to support Trinity Hospital Twin City by raising \$100,000 for additional state of the art laboratory, cardiopulmonary and imaging equipment. This equipment is used daily by emergency and primary care physicians and providers to monitor, screen, diagnose and treat disease. Some examples of hospital equipment needs include the following:

- 1) Ultrasound Unit – This unit uses sound waves to display images of internal organs with no radiation. The hospital’s current unit is 12 years old and needs replaced soon.
- 2) Lab Chemistry Analyzer – Purchase of an analyzer would help improve the reporting times of blood tests. The analyzer is typically used for most of the commonly-ordered blood tests.
- 3) Pulmonary Function Testing Unit – Tests the breathing capacity of a patient’s 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 tax-deductible gift to the Foundation will help to ensure future successes in our efforts to provide local healthcare for our community. For your convenience, your gift can be completed with the attached form. If you are interested in including the Foundation in your estate planning, or would like to talk with me about your donation, please feel free to call me at (740) 922-1898.

Thank you for your kind consideration of this request. May you and your family enjoy a fun-filled summer!

Sincerely,

Blair Hillyer  
Trinity Hospital Twin City Foundation

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PLEASE PRINT

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Enclosed is a gift of \$ \_\_\_\_\_ Please designate my gift: \_\_\_\_\_

I pledge \$ \_\_\_\_\_ to be made in payments of \$ \_\_\_\_\_ over 12 months.

☐ I would like my gift to be publicly recognized and listed as (EXAMPLE: Mr. & Mrs. \_\_\_\_\_ or In Memory of \_\_\_\_\_ )

☐ Through a check made payable to **Trinity Hospital Twin City Foundation**



Please mail this completed form with your donation to:

**TRINITY HOSPITAL  
TWIN CITY FOUNDATION**  
P.O. Box 7  
Dennison, OH 44621

**Thank You!**