

Will My Gift be Confidential?

Just like our community donors, the Development Council would like to recognize your generosity. However, your donation amount is strictly confidential. If you would prefer not to be recognized publicly, please indicate this on your pledge form.

What is the Lake Regional Development Council?

The Lake Regional Development Council is a group of volunteers who assist Lake Regional by developing community education and service programs which result in greater visibility and increased philanthropic support. Their goals and objectives are accomplished through the efforts of six committees: Annual Gifts, Business Gifts, Employee Gifts, Planned Gifts, Special Gifts and Signature Gifts.

Charitable support always has and always will be vital to ensuring our communities continue to have access to the very best health care services, training, technology, and programs available. The ultimate objective of our efforts is to improve clinical quality, expand access to care, and enhance services available to those in the communities we serve.

For More Information

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Health-system Employees Reaching Out

What is the HERO Club?

The HERO Club is the employee giving program at Lake Regional Health System. Because there is something special about people who dedicate their lives to helping others, this special club was formed to show the community that employees believe in their hospital.

Why Is My Support Needed?

As Lake Regional strives to improve the health of our community, the role of employees will be crucial. If we are to maintain our level of excellence we must constantly seek ways to ensure a strong, secure future. Dollars raised in our community become increasingly important to the well-being of our community. Your endorsement of this effort as a Lake Regional Health System employee will encourage the support of the entire community.

What Other Ways Will Lake Regional Raise Funds?

The HERO Club is part of a larger partnership with Lake Regional Health System's Development Council. The Development Council is a group of community volunteers with six major fundraising divisions: Annual Gifts, Employee Gifts, Business Gifts, Planned Gifts, Special Gifts and Signature Gifts. Each committee is chaired by a volunteer leader and dozens of community members are supporting this effort to enhance health care in the communities we serve.

What's In It for Me?

All members of the HERO Club will be listed in the newsletter, on the website and in a special recognition area at the hospital.

No matter how much you contribute or what recognition you receive, the greatest reward is the satisfaction of knowing you are helping improve the community's health and ensuring a strong future for Lake Regional Health System. It is difficult to place a value on kindness and caring, but your support makes those attributes real and tangible for future generations who will benefit from your generosity.

Remember, no matter how much you give, HERO Club gifts count and will make a difference!

Will a Gift from One Individual Help?

Absolutely! Your gift is significant in two ways. One, every dollar raised is vital to the campaign. Secondly, while your gift remains confidential, your action makes a statement to others that you believe in the work you do and in the mission of Lake Regional Health System. When members of the community consider donating money to the HERO Club campaign, many will look at the level of participation from employees. If they see the team supports our mission and the campaign, they are more likely to support the campaign themselves.

What Will My Gift be Used For?

HERO Club members will help support Lake Regional's mission to provide exceptional care while also helping fellow employees needing emergency assistance.

From every dollar donated, 15 percent will go to an Employee Emergency Assistance Fund. Lake Regional will match the 15 percent that benefits employees. The remaining 85 percent will help fund ongoing initiatives to enhance patient care services for our community.

Yes, I want to be a HERO!

Name: *print as you wish it to appear for recognition purposes*

Address _____

Employee # _____ Department _____

Dept. Ext. _____ Email _____

Phone _____ Date _____

- Choose a Level**
- \$4 per pay period
 - \$10 per pay period
 - \$20 per pay period
 - \$40 or more per pay period

Amount Pledged
\$ _____ per pay period x26 pay periods
= \$ _____ annually until notified to stop

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Fifteen percent of my gift will go to an Employee Emergency Assistance Fund. The remaining portion will help fund ongoing initiatives to enhance patient care. The dollar amount of my contribution will remain confidential.

- I authorize biweekly payroll deductions to begin with the next pay cycle. I may change this authorization by notifying the Fund Development office in writing.
- I am a PRN or contract employee and agree to be invoiced monthly. *Payroll deduct is not an option.*

Signature _____ Date _____

- Please check this box if you DO NOT want public recognition.

Please retain a copy of this form for your tax records.

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Gift Rec'd _____ Date _____ Initials _____