

Thank you for your support of compassionate end-of-life care.

Check which Compassionate Care Fund you want your gift designated to:

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Greatest Need | <input type="checkbox"/> Cleburne | <input type="checkbox"/> Dallas |
| <input type="checkbox"/> Fort Worth | <input type="checkbox"/> Mexia | <input type="checkbox"/> Waco |
| <input type="checkbox"/> Whitney | <input type="checkbox"/> Hospice House Downtown | |
| <input type="checkbox"/> Hospice House Huguley | <input type="checkbox"/> Providence Hospice Place | |

Name: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Preferred Phone: _____ Day Evening

I was invited by: _____

I would like information about volunteering

This gift is in honor or memory of _____

Payment info:

My check is enclosed, payable to Community Healthcare of Texas

Please charge my credit card # _____ Exp. _____

Please contact me about paying my gift with stock.

My company will match my gift.

Community Healthcare of Texas is in my will/estate plan.

Call me about giving from my IRA distribution.

Please call me I have other thoughts to share.

Please mail to Community Healthcare of Texas or donate online at
www.chot.org/Messages-of-Hope
6100 Western Place, Suite 105, Fort Worth, TX 76107

For additional information please call Karen Derrick, Chief Development Officer at (800) 226-0373

If you have already donated, thank you! Please pass this brochure on to someone else.

Community Healthcare of Texas Tax ID # 75-2653292



Donation Card

Your gift supports the Compassionate Care Fund and is a tangible expression of hope to our patients and their families.

Help us send messages of hope today.

Watch our latest Messages of Hope event at:

[www.facebook.com/
CommunityHealthcareofTexas](http://www.facebook.com/CommunityHealthcareofTexas)

or

[www.youtube.com/
CommunityHealthcareofTexas](http://www.youtube.com/CommunityHealthcareofTexas)

SEND A MESSAGE OF HOPE WITH YOUR GIFT TO COMMUNITY HEALTHCARE OF TEXAS!

Here are examples of how your gifts make an impact!

Join the Life Fulfiller Society

Life Fulfillers make a five-year commitment with **annual gifts of \$1,000 or more** to build a strong foundation for our care. Fulfill your commitment with a single gift or in installments.

- Supporting Patients - \$1,000 per year for 5 years** supports the needs of our patients.
- Supporting Children - \$2,500 per year for 5 years** supports all the extra services we provide to children.
- Supporting Families - \$5,000 per year for 5 years** allows us to care for more families without the financial means plus support the emotional and spiritual needs of the whole family.
- Supporting Community - \$10,000 per year for 5 years** will provide the extra boost to expand our program reach in grief counseling, pediatric therapy, alternate therapies like music and massage, and elevating our volunteer program for families in need throughout our community.
- Other Gift Option** - I would like to give \$_____ per year for 5 years.

Make a Monthly Gift

- \$10 a month** provides two months of medical supplies for a patient, art supplies for grief care services, or hand casting supplies for 12 families.
- \$15 a month** gives 60 days of snacks for families keeping a vigil with loved ones at one of our hospice houses or buy children's books that comfort kids learning to live with grief or loss.
- \$25 a month** provides 30 days of pain relief to patients, music therapy, pet therapy, or a much-needed visit from a child life specialist.
- \$50 a month** supports 48 visits of a nurse aide to provide much needed support for the patients or 12 weeks of supplies for a child and their surviving parent in art therapy or grief counseling.
- \$83.50 a month for 5 years** and join the Life Fulfiller Society with my monthly gift.
- Other Gift Option** - I would like to give \$_____ per month.

Make a One-Time Gift

- \$25** provides the personal medical supplies for several days.
- \$50** provides a day of pain relief and other medications for seven patients.
- \$75** provides a one-hour massage for a patient in hospice.
- \$100** provides one music therapy session for a bereaved child.
- \$250** provides 30 days of pain relief to patients, music therapy, pet therapy, or a much-needed visit from a child life specialist.
- \$500** provides two sessions with a Child Life Specialist or five music therapy sessions for a bereaved child.
- \$1,000** provides 13 hours of nursing care or five days of hospice care for a patient without insurance.
- \$60,000** pays for a Child Life Specialist who will serve more than 200 children per year in our one-of-a-kind bereavement program and pediatric program.
- Other Gift Option** - I would like to give \$_____ today.

