



Columbia Road Health Services invites you to join our **FRIENDS PROGRAM**

I/We want to support health care for the poor and uninsured with a Friends pledge in 2012:

- ___ \$9,600 - I pledge to sponsor a week of CRHS services.
- ___ \$1,920 - I pledge to sponsor a full day of CRHS services.
- ___ \$960 - I pledge to sponsor a half day of CRHS services.

As a 2012 CRHS Friend, you will receive:

- A story of a patient served on or around your Friend's Day
- A listing in the Unity Annual Report
- A sign in the waiting room on your Friend's Day acknowledging your generosity
- Regular newsletter updates with the latest CRHS news

Please select a Friend's Day:

Date(s) _____

Significance _____

Please select a payment method:

- ___ I have enclosed my check. Please make checks payable to Columbia Road Health Services.
- ___ I plan to send ___ (#) gifts of \$_____ each on _____ date(s).
- ___ Please charge my Visa/Master Card account the amount \$_____.

Card No.

Expiration Date _____

Name, as it appears on the card _____

Billing Address _____

Signature _____ Date _____

How would you like your name to appear in our Annual Report and other Unity publications?



Unity Health Care, Inc. does not disclose the names of donors for use by other organizations. All donations are tax deductible.