

MAINLAND CAMPUS TRANSFORMATION CAMPAIGN
PLEDGE FORM

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

I am pleased to support the AtlantiCare Regional Medical Center Mainland Campus Transformation Campaign with a pledge/donation of: \$ _____

I would like to participate in the following naming/sponsorship opportunity (see list on reverse) that is commensurate with the amount of my pledge/donation: _____

Method of Giving:

I have enclosed a check, made payable to AtlantiCare Foundation, for the full amount.

I would like to pay the full amount by credit card.

Type of Card: AmEx Mastercard Visa Discover

Credit Card #: _____ Exp. Date: _____

Billing Address: _____

Cardholder Signature: _____

I would like the AtlantiCare Foundation to contact me to set up a payment schedule. My goal is to fulfill this pledge by _____.

I would like the AtlantiCare Foundation to contact me about fulfilling this pledge through a planned gift (i.e., bequest, annuity, trust, insurance).

My employer (or related organization), _____, will match a portion of this gift. I will forward the company's Matching Gift Form to the AtlantiCare Foundation.

Please return this form to: AtlantiCare Foundation
2500 English Creek Avenue, Building 600
Egg Harbor Township, NJ 08234
Fax: 609-407-7740

To give online, please visit www.atlanticare.org/giving

Please call the AtlantiCare Foundation at **609-272-6318** with any questions about this fundraising campaign.

Your contribution to the AtlantiCare Foundation will support its charitable mission and is tax deductible to the full extent allowable by law. The AtlantiCare Foundation's 501(c)(3) tax ID number is 22-2148992.

SPONSORSHIP AND NAMING OPPORTUNITIES

The Mainland Campus expansion and renovation project offers a number of naming opportunities. These unique sponsorships allow you to name a part of the hospital for yourself, your family, your business or a loved one. Some sample naming opportunities are listed below, but others are available. The Foundation staff will work with you to identify a sponsorship that will create a lasting tribute.

New Two-Story Pavilion	\$3 million
Joint Replacement Lobby	\$1 million
Operating Room Waiting Area	\$1 million
Intensive Care Unit	\$500,000 (<i>reserved</i>)
Cardiovascular Care Unit	\$500,000
Cafeteria	\$300,000
Physician Lounge	\$300,000
Psychiatric Inpatient Unit	\$300,000
Lobby	\$250,000
Same Day Surgery Suite	\$100,000
Post Anesthesia Care Unit (PACU)	\$100,000
Hybrid Operating Room	\$100,000
Cardiac Surgery Office Suite	\$100,000
Dialysis Unit	\$100,000
Reception Area	\$ 50,000
Registration Area	\$ 50,000
Cardiothoracic Operating Room (<i>2 available</i>)	\$ 25,000
Coffee Bar	\$ 25,000
Staff Locker Rooms (<i>2 available</i>)	\$ 10,000
Staff Lounges (<i>2 available</i>)	\$ 10,000
Private Same-Day Surgery Bay (<i>10 available</i>)	\$ 10,000
Private Post-Anesthesia Room (<i>22 available</i>)	\$ 5,000

Call 609-272-6318 to discuss other naming opportunities at AtlantiCare.

