



[LOCAL FOUNDATION NAME]

[FND ADDRESS LINE 1]

[FND ADDRESS LINE 2]

[FND CITY], [FND STATE] [FND ZIP]

[FND PHONE NUMBER]

[ADDRESSEE]

[ORG NAME IF APPLICABLE]

[ADDRESS LINE 1]

[ADDRESS LINE 2]

[CITY], [STATE] [ZIP]

Annual **FUND**

*Because you could need
help at any time...*

Dear [SALUTATION],

It was supposed to be an ordinary morning for Diane. She wanted to get a quick walk in before breakfast. The air was cool. The neighborhood was quiet. **Everything felt normal – until it didn't.**

Her chest tightened. Pain shot down her arm. She collapsed on the sidewalk, gasping for air. Diane was having a heart attack.

The ambulance brought her to Bon Secours. The team moved fast to stabilize her. Moments like this demand skill, quick decisions, and the right tools close at hand.

Support from people in [LOCAL MARKET NAME] help make health care like this possible – and it's why I'm writing to you today.

Will you make a special Annual Fund gift to [LOCAL FOUNDATION NAME] to help ensure lifesaving care is there for the next patient like Diane who arrives in crisis?

Your kindness today will help:

- Give caregivers the tools they need in the moments that matter most.
- Provide care for neighbors who can't afford it in [LOCAL MARKET NAME].

Read more →

- Bring important screenings and outreach to people at risk.
- Strengthen critical services that our neighbors depend on.

Every dollar stays local and helps protect the people who live here.

Not every patient is as fortunate as Diane – stories like hers remind us how quickly a life can change, and how **important strong health care close to home truly is**.

Your gift of [\$XXX1], [\$XXX2], [\$XXX3], or whatever amount feels right will help prepare caregivers for the next crisis, fund lifesaving programs, and improve patient care. And if you wish, you can make your gift in honor or memory of someone special.

Thank you for caring about your neighbors and for helping build a community where excellent care is always within reach.

With gratitude,

[SIGNATURE FILE]

[SIGNATURE NAME]

[TITLE], [LOCAL FOUNDATION NAME]

P.S. Please send your Annual Fund gift today. Your generosity helps make sure lifesaving care is ready when someone in our community needs it most.

Donate online at
[LUMINATE FORM URL]

*Put your donation to
work immediately.
Scan to give now!*





[LOCAL FOUNDATION NAME]
[FND ADDRESS LINE 1]
[FND ADDRESS LINE 2]
[FND CITY], [FND STATE] [FND ZIP]
[FND PHONE NUMBER]

My Annual Fund Donation to [LOCAL FOUNDATION NAME]

YES! I want to keep health care strong in
[LOCAL MARKET NAME] — for me, my loved
ones, and everyone who needs help.

Enclosed is my gift of:

- ☐ [\$XXX1]
- ☐ [\$XXX2]
- ☐ [\$XXX3]
- ☐ [\$XXX4]
- ☐ Other: \$ _____

Please direct my gift to:

- ☐ FUND OPTION #1
- ☐ FUND OPTION #2
- ☐ FUND OPTION #3
- ☐ FUND OPTION #4
- ☐ FUND OPTION #5
- ☐ FUND OPTION #6
- ☐ FUND OPTION #7
- ☐ FUND OPTION #8
- ☐ FUND OPTION #9
- ☐ FUND OPTION #10
- ☐ Other: _____

Annual **FUND**

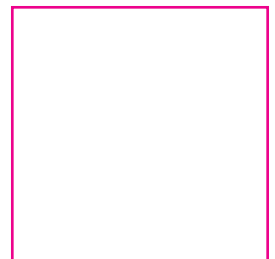
*Because you could need
help at any time...*

- ☐ I'm giving by credit card
(details on back)
- ☐ I'm giving in memory or honor
of someone
(details on back)

[ADDRESSEE]
[ORG NAME IF APPLICABLE]
[ADDRESS LINE 1]
[ADDRESS LINE 2]
[CITY], [STATE] [ZIP]

[CONST ID]
[APPEAL PACKAGE ID]

*Put your donation to
work immediately.
Scan to give now!*



Make checks payable to: [LOCAL FOUNDATION NAME]

Donate online: [LUMINATE FORM URL]

Please charge my:

☐ VISA ☐ MasterCard ☐ Discover ☐ AmEx

NAME ON CREDIT CARD

CARD # / EXP. DATE

EMAIL TELEPHONE ☐ Home ☐ Cell ☐ Office

Birthday: / / ***So we can celebrate your special day!***

I’m donating ☐ in honor or ☐ in memory of someone

Name and address of person to notify of my gift (optional)

☐ I have remembered Bon Secours in my will or estate plan

☐ I would like more information on adding a bequest in my will or estate plan



Bon Secours Hampton Roads Foundation

7025 Harbour View Blvd., Suite 118
Suffolk, VA 23435

NONPROFIT ORG

U.S. POSTAGE

PAID

PPI

Annual **FUND**

Because you could need help at any time...



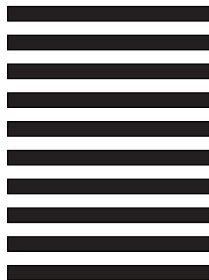
Bon Secours Hampton Roads Foundation

7025 Harbour View Blvd., Suite 118
Suffolk, VA 23435

1400-AP-1Q26-G-DMD



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 147 CINCINNATI, OH

POSTAGE WILL BE PAID BY ADDRESSEE

BON SECOURS HAMPTON ROADS FOUNDATION
1400-HAMPTON ROADS, LBX 632660
PO BOX 5776
CINCINNATI OH 45273-9942

