

Have you had an extraordinary experience here?

Show your support by giving to the *Nurse Managed Health Center*, the *Speech-Language-Hearing Clinic*, or the *Physical Therapy Clinic*. You can even make a donation in honor of the great service you received from one of our *caregivers*.

THE Grateful PATIENT PROGRAM



“Your donation helps provide comprehensive health and wellness services to the community while offering hands-on training opportunities for our students.

—Dean Kathleen S. Matt, PhD”

Putting all the pieces together

- 1 ONLINE: www.udel.edu/makeagift-gratefulpatient
- 2 PHONE: 302-831-2104
- 3 MAIL: University of Delaware
Development & Alumni Relations
83 E. Main Street 3rd Floor
Newark DE 19716

Exceptional *healthcare* for all our patients

UNIVERSITY OF DELAWARE

STAR Health
A new direction in healthcare

Shooting for the stars...

- ▶ Supporting hands-on education through clinical services available to the community
- ▶ Enhancing the development of team-based healthcare
- ▶ Meeting the challenges in workforce development and healthcare delivery
- ▶ Supporting your quality of life and that of your community
- ▶ Bringing best practice initiatives to frontline care delivery in Delaware
- ▶ Facilitating research designed to improve health outcomes



Your support helps us offer state-of-the-art **healthcare** while also **training** our students.



Invest in a healthy future



YES! I want to support the _____ Nurse Managed Health Center _____ Physical Therapy Clinic _____ Speech-Language-Hearing Clinic
(check one or all)

\$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Name (circle one) Mr./Mrs./Ms./Dr. _____ City _____ State _____ Zip _____

Street Address: _____ Email: _____

Phone (home): _____

This gift is made in honor of _____ who delivered outstanding care.

PAYMENT OPTIONS:

Check enclosed, payable to the University of Delaware \$ _____.

Charge my credit card \$ _____ a month for the next _____ months for a total gift of \$ _____.

Charge my credit card for a one-time gift of \$ _____.

Name on card _____ Card number _____ Exp. date _____

Complete this form and mail it with your gift to: University of Delaware, Development & Alumni Relations, 83 E. Main St.,

3rd Floor, Newark, DE 19716.

OR make a gift on our secure website at www.udel.edu/makegift-gratefulpatient



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