



UNC Health Foundation
P.O. BOX 1050
Chapel Hill, NC 27514-1050

Randy A. Smith, Jr.
Melonia A. Smith
1234 Tar Heel Street
Chapel Hill, NC 12345-1111





UNC
HEALTH®

Thank you

633


replystandard 1252

In a year like no other, YOU were there for us - THANK YOU!

633

ReplyStandard 1252

Your heartfelt support of UNC Health – at a time when we needed it most – made it possible for us to continue our life-saving work and research. Your generosity inspired our physicians, nurses, students and especially the people we serve. You made it possible for us to:

- Provide expert care to every patient who needed it
- Give patients hope through research
- Recruit and train tomorrow's outstanding physician-scientists

The work we do is absolutely vital – and we truly could not have accomplished all we have this past year without you! We hope you'll display the enclosed decal with pride.

We want everyone to know you are a dedicated supporter of UNC Health, a caring person who is changing lives and inspiring hope.

Thanks for being there when we needed you. We hope you'll help us once again by renewing your support today!

Thank you

Randy and Melonia, your heartfelt support of UNC Health made it possible for us to continue our life-saving work and research. We truly could not have accomplished all we have this past year without you!

5668



replystandard 1795
sourcecode MEDFRE22RH71BB

We want everyone to know you are a dedicated supporter of UNC Health, a caring person who is changing lives and inspiring hope. Please display your decal with pride.

Thanks for being there when we needed you. We hope you'll help us once again by renewing your support today!

Return the reply slip below with your gift.

**Make your gift online at
unCHF.org/thankyou**

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YES! I want to support UNC Health today.

1. Choose your amount

Monthly gift option:

\$5 You Decide: \$ _____

(Your credit card will be charged monthly for this amount.)

One-time gift option:

\$20 \$25 \$40

You Decide: \$ _____

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2. Choose your payment method

Check: Make check payable to:

UNC Health Foundation and mail to P.O.
Box 1050, Chapel Hill, NC 27514-1050

Credit/Debit Card: See reverse side to
complete your information.

Make your gift online: unCHF.org/thankyou

3. Choose your area to support

Medical Discovery Research Fund (345818)

**UNC Hospitals Patient and Family Support
Fund (345828)**

UNC Autism Research Center Fund (345978)

Other _____

Email: _____

Be sure to share your email address in order to receive the latest updates.

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— **Monthly Giving**

Monthly gifts are a steady source of income, funding our important work in research, patient care and medical education. It's secure, convenient and flexible, eliminating the need for checks or manual online giving and allowing the option of making a larger gift over time. Select the monthly gift option on your reply slip or online at unchf.org/waystogive.

— **Matching Gifts**

You may be able to double or even triple the impact of your donation! Check with your employer to see if they participate in a matching gift program. Go to matchinggifts.com/unc for more information.

— **Deferred and Planned Giving**

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replystandard 1795

Planned gifts allow donors to make contributions larger than they thought possible. Stock, IRA Rollover, Real Estate, Life Income and Bequest will help develop the optimal legacy plan reflective of your personal, financial and philanthropic goals, as well as your values and passions. For more information, go to unchf.org/waystogive.

— **Host a Fundraiser**

Hosting a crowdfunding campaign, charity walk or run, a bake sale or even an online event featuring one of our expert physicians or scientists can all be great ways to raise money for areas across UNC Health. Please visit unchf.org/hostafundraiser to learn more about hosting your own fundraiser.

Credit/Debit Card Information

Name on Card _____

Card # _____

Exp. Date _____ Signature _____

Opt-Out

Please remove my name from your mailing list.

If you do not wish to receive additional fundraising mailings from UNC Health Foundation, please check the box above and return this form in the envelope provided. Thank you.

Make your gift in honor or as a tribute to someone special.

I wish to make a gift: (please print)

In memory of In honor of

Name: _____

Send notice of my gift to:

Name: _____

Address: _____

City, State, Zip: _____

Clinic/Specialty: _____

*If honoring a health care professional, please include clinic/specialty name.



Share your story! We would love to hear from you! Share your story or comments about UNC Health. Email us at unchfgiving@med.unc.edu.



5x3.5 inches, red rounded rectangle does **NOT**
print, but approximates the shape of the decal

Prints 2/1. PMS 7693 and 542 on
decal side; black on liner



UNC

HEALTH

2021-22 SUPPORTER

The backslit should be horizontal and be located where shown by the black dashed line which DOES print



UNC
HEALTH.

Your impact leaves a lasting impression on our physicians, nurses, students, and those they care for. **Thank you!**

Directions: Apply to a smooth, clean, dry surface.
This adhesive is removable and will not damage the surface.

PEEL HERE



5x3.5 inches, red rounded rectangle does **NOT**
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decal side; black on liner

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Loyal **2021-22**
SUPPORTER



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Directions: Apply to a smooth, clean, dry surface.
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PEEL HERE



#9 Regular...Prints: 1/1 Black

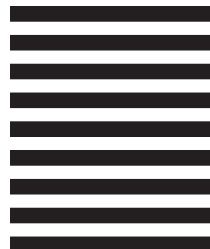
Name _____

Address _____

City, State, Zip _____



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NECESSARY
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BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 779 CHAPEL HILL, NC

POSTAGE WILL BE PAID BY ADDRESSEE

UNC HEALTH FOUNDATION
PO BOX 1050
CHAPEL HILL NC 27514-9981





Please Remember To:

1. Enclose the completed gift form.
2. Enclose payment details.
3. Sign the form as needed.
4. Enclose your (or your spouse's/partner's) matching gift form to increase the value of your gift. Visit matchinggifts.com/unc for employer details.

Give every year. ***Make a difference every day.***