ENVELOPE APPROVAL DUE 05/30

UNC HEALTH®

USA NONPROFIT ORG.

[DT25]
[DT94]
[DT45]
[DT33]
[DT12] [DT48] [DT61]
[Donor IM Barcode]

Your gift enclosed!



2408DCOANC99 Simplex Laser
Round: FINAL Date 06/11/2024
FPO COLOR = BLACK LASER
FPO COLOR = VARIABLE LASER

P# HC_24-08DC_ANC99
202408DDCC UNCH August Thank You Appeal
Element: Outer Envelope (front)
Form Size: 7.25"x5.25" (A7)
Inks: PMS 3577U, 2178U Stock: 24# white wove

NOTE: unchf.org/thankyou will drive to an evergreen landing page that is being created in July.

ENVELOPE APPROVAL DUE 05/30

BACK

UNC Health Foundation

PO Box 1050, Chapel Hill, NC 27514-1050 | unchf.org/thankyou

Printed on recycled paper to respect nature and help save the environment.

HC_24-08DC_ANC99

Part# HC_24-08DC_ANC99
202408DDCC UNCH August Thank You Appeal
Element: Outer Envelope (back)
Form Size: 7.25"x5.25" (A7)
Inks: PMS 3577U Stock: 24# white wove

Back outside

FOLD

Front outside

MORE WAYS TO GIVE

In addition to writing a check or donating online, there are several other popular giving options you might consider:

Become a Sustainer – Give monthly to support our patients, researchers and students throughout the year. Select the monthly gift option on your reply slip or online at unchf.org/unchmonthlygiving.

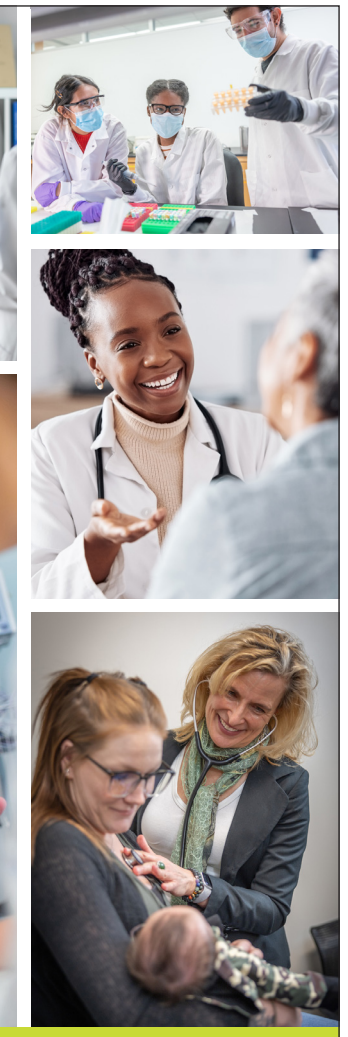
Legacy Planning – Consider making a gift to UNC Health through your will. For more information, go to unchf.org/ways-to-give/legacy-planning.

Matching Gifts – Many companies will match charitable contributions from their employees. Check with your employer today! Contact us at matchinggifts@unc.edu for more information.

Community Fundraising – Host a community fundraising event to benefit UNC Health Foundation. Please visit unchf.org/hostafundraiser to learn more.

To renew your support today scan this code with your smartphone:

UNC HEALTH®



THANK YOU

for the hope you give,
the lives you change!

FOLD

Round: FINAL Date 06/11/2024

Part# HC_34-08DC_ANC99
202408DDCC UNCH August Thank You Appeal
Element: Card (outside)
Form Size: 10 x 7" Folds to: 5 x 7"
Inks: CMYK Stock: 14pt Premium Card Stock, Glossy

UNCH

Back inside

FOLD

Front inside

August 2024

Dear [DT44],

You are a true driving force behind the life-changing work of UNC Health, and we can't thank you enough for your strong support this past fiscal year.

Generous partners like you have helped establish UNC Health as North Carolina's leading institution for innovative patient care, research, education and discovery. From cutting-edge cancer studies to more advanced care for pediatric patients to training a new generation of healthcare professionals, you are making a lasting mark on the health and well-being of our communities.

We encourage you to look over the next page to learn more about your impact. Then, as we begin the new fiscal year, we hope you'll renew your kind support by making a special gift today to the UNC Health area that means the most to you.

Any amount is greatly appreciated and will go a long way toward making a difference in the lives of the patients and families around you. Thank you!

Sincerely,

Leslie H. Nelson-Bernier

Leslie H. Nelson-Bernier
Chief Philanthropy Officer, UNC Health
President, UNC Health Foundation

P.S. As a symbol of our great appreciation for your generosity, we've enclosed your 2024-25 decal. May it be a reminder of the good you're doing — and an inspiration to all who see it!

HC_34-08DC_ANC99

[FIRST NAME], for the hope you give, the lives you change!

Display your enclosed decal to show your support and inspire others to help!



Donors Help UNC Health:

Accelerate research that benefits people in North Carolina and around the world and supports 1,000s of physicians and scientists across UNC Health.

Provide high-quality, compassionate care for all as North Carolina's largest health system, with 15 hospitals, 19 hospital campuses and more than 900 clinics around the state.

Inspire the next generation of healthcare professionals and provide opportunities for all students to access a premier education.

UNC HEALTH®

Share Your Story

Share your story or comments about your UNC Health experience.
Email us at unchfgiving@med.unc.edu.

FOLD

2408DCFANC99 Simplex Laser
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FPO COLOR = BLACK LASER
FPO COLOR = VARIABLE BLACK LASER



Round: FINAL Date 06/11/2024

Part# HC_64-08DC_ANC99
202408DDCC UNCH August Thank You Appeal
Element: Decal (Front)
Form Size: 3.5" x 6.25"
Inks: CMYK Stock: 70# Matte Text

My Renewal Gift for Life-changing Care

[GROUP_ID] [TEXT_3_FILE_NAME] [KIT] [AREA_ID] [SEQUENCE#]

☑ **YES,** I want to help UNC Health continue their life-saving work and research.

Enclosed is my gift of:

☐ [CT49] ☐ [CT52] ☐ [CT55] ☐ [CT61] ☐ $___

☐ I would like to make a greater impact with a monthly gift of $_____

[DT25]
[DT94]
[DT45]
[DT33]
[DT12] [DT48] [DT61]

Put your gift to work even faster! Make a secure online donation at: **unchf.org/thankyou**

Please make your check payable to ***UNC Health Foundation.***

☐ I prefer to give by credit card (please see reverse side).

☐ I would like to receive periodic updates from UNC Health.

My email address is: _____

I want to designate my gift to:

☐ Medical Discovery Research Fund (345818)

☐ UNC Lineberger-Greatest Need Fund (373724)

☐ UNC Children's Excellence Fund (343427)

Your gift is tax deductible to the full extent allowed by law, and you will receive a receipt. **Thank You!**

PO Box 1050, Chapel Hill, NC 27514-1050
(919) 966-5905

UNC HEALTH Foundation

HC_54-08DC_ANC99

[[SCANLINE]]

2408DCRANC99 Simplex Laser
Round: FINAL Date 06/11/2024
FPO COLOR = BLACK LASER
FPO COLOR = VARIABLE BLACK LASER

Part# HC_54-08DC_ANC99
202408DDCC UNCH August Thank You Appeal
Element: Remit (Front)
Form Size: 6.25" x 3.5"
Inks: CMYK Stock: 60# White Offset

I wish to make a gift (please check one)

☐ in memory of ☐ in honor of

NAME

Please send notice of my gift to:

NAME (please print)

ADDRESS

CITY/STATE/ZIP

^ Please print how you would like your name to appear on the tribute card.

I'd like to make my gift by credit card

This would really help!

☐ Make it monthly! (Your credit card will be charged monthly for this amount)

CARD NUMBER

/ $ ( )

EXP. DATE GIFT AMOUNT PHONE NUMBER

X

CARDHOLDER'S NAME CARDHOLDER'S SIGNATURE (Required)

Leverage your donation even more by applying for matching funds from your employer. Call your human resources office to find out if your donation is eligible.

☐ I have included UNC Health in my will.

Please send me information on:

☐ Planning my will to benefit UNC Health.

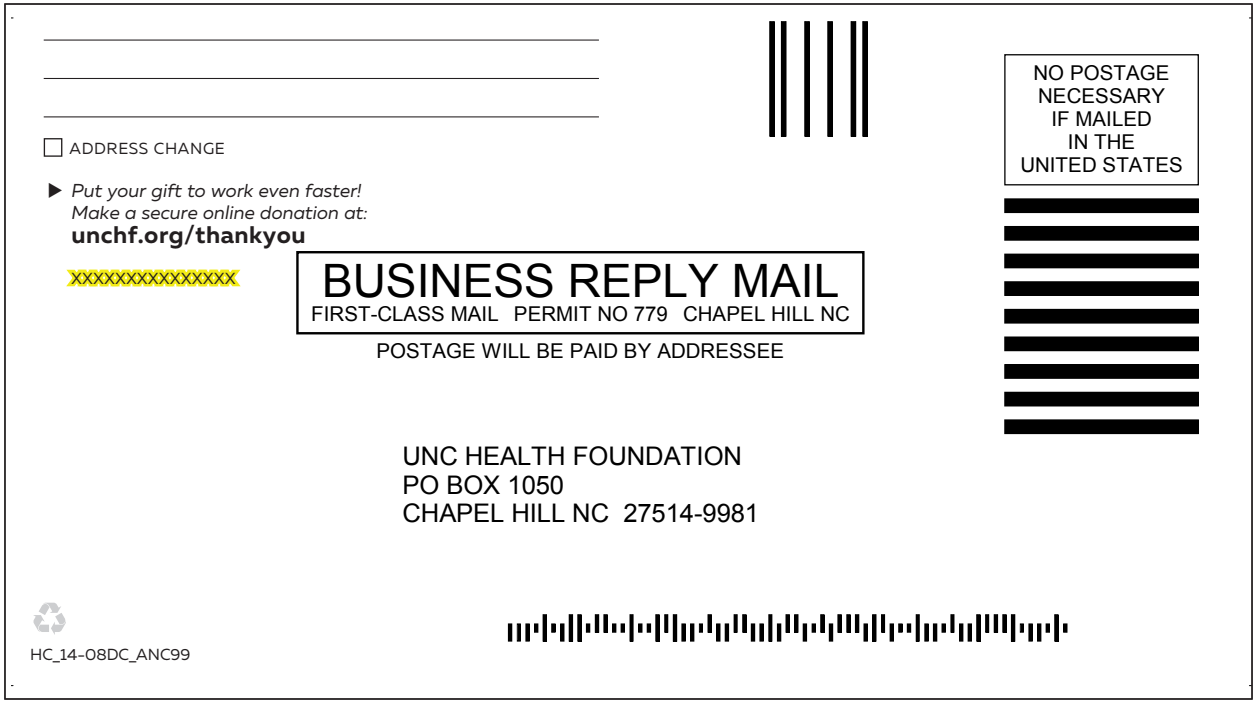
☐ Gifts that provide annual payments for life.

I WISH TO OPT OUT: If you do not wish to receive additional fundraising mailings from UNC Health, please check the box below and return this form in the envelope provided, or visit give.unc.edu/unchf/optout or call us at 1-844-633-9339. Please allow up to 60 days to process your request. Thank you.

☐ Please remove my name from your mailing list.

Part# HC_54-08DC_ANC99
202408DDCC UNCH August Thank You Appeal
Element: Remit (Back)
Form Size: 6.25" x 3.5"
Inks: CMYK Stock: 60# White Offset

ENVELOPE APPROVAL DUE 05/30



Round: FINAL Date 06/11/2024

Part# HC_14-08DC_ANC99
202408DDCC UNCH August Thank You Appeal
Element: CRE (Front)
Form Size: 6.5" x 3.625" STD# 6-3/4
Inks: Black Stock: 20# White Wove