

Have you had an extraordinary experience here?
Show your support by giving to the *Nurse Managed Health Center* 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



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.



The University of Delaware is an equal opportunity / affirmative action employer.
For the University's complete non-discrimination statement, please visit
www.udel.edu/aboutus/legalnotices.html



Invest in a healthy future



YES! I want to support the _____ Physical Therapy Clinic _____ Nurse Managed Health Center (check one or both)

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

Name (circle one) Mr./Mrs./Ms./Dr.: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone (home): _____ Email: _____

☐ 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/makeagift-gratefulpatient