

About Salinas Valley Health Foundation

Our mission is to support Salinas Valley Health by funding healthcare services, programs, and facilities for our diverse community.

We empower the community to advance state-of-the-art healthcare by supporting our staff and doctors with what's truly needed to care for people and create a healthier future for all. The community's philanthropic support for over 40 years has enabled this single hospital to grow into an integrated network of healthcare programs, services, and facilities to deliver the highest level of medical care to everyone we serve.

When you give to Salinas Valley Health Foundation, you have a direct, visible impact on the health and wellbeing of our community.



Let's Connect!

For questions about the Physician Giving Program or to learn more about the Salinas Valley Health Foundation, please contact us. We'd love to hear from you!

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Salinas, CA 93901
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SalinasValleyHealthFoundation.org



Prescription For GIVING



FOUNDATION

Prescription for Giving

Every day as a care provider, you make an impact on the lives of our patients. As a donor, you can take an extra step to ensure that Salinas Valley Health can continue to provide the services needed to improve the health and wellbeing of our community.

Your cumulative lifetime giving is recognized on the Physicians' Wall of Honor, located in the main entry hallway of Salinas Valley Health Medical Center, which is updated annually to reflect new contributions and to add new donors.

PHYSICIANS' FOUNDERS' CIRCLE
\$50,000+

PHYSICIANS' PRESIDENTS' CIRCLE
\$25,000 - \$49,999

PHYSICIANS' LEADERSHIP CIRCLE
\$10,000 - \$24,999

PHYSICIANS' SOCIETY
\$5,000 - \$9,999

PHYSICIANS' CIRCLE
\$1,000 - \$4,999

AREAS OF IMPACT

We offer several designated areas of impact in order to ensure that your giving is benefiting the program or service line that is most meaningful to you. Some of our most popular impact funds are listed below:

Greatest Needs Fund

Unrestricted, to be used for the greatest needs of Salinas Valley Health at the time of granting; our most flexible fund

Healthy Kids / Children's Miracle Network Hospitals

Restricted to pediatric impact within Salinas Valley Health and throughout the tri-county area (includes NICU)

Cardiac and Stroke Care

Regional Heart Center and Certified Primary Stroke Care Center

Comprehensive Cancer Care

Susan Bacon Cancer Resource Center, Inpatient Oncology, and Outpatient Infusion

Buildings and Equipment

New equipment, building additions and improvements, and capital expansion projects

Health and Wellness

Includes the Mobile Clinic, Behavioral Health, Health Screenings, Immunization Clinics, and more

Patient Assistance Fund

Combats the social determinants of health by providing needed support, equipment, and services to our patients

Nursing Innovation Fund

Nursing mentorship program, funding for research projects, and scholarships to present initiatives

Kim Kelley Memorial Scholarship Endowment Fund

Scholarships for enrolled or newly admitted Hartnell Nursing students that meet qualifying criteria

Medical Education Scholarship Endowment Fund

Scholarships for current employees interested in pursuing a higher level medical degree or certification

Partners in Excellence Grants Program

Provides grants for employee-proposed projects to improve patient experience



Yes! I will support Salinas Valley Health Foundation with a tax-deductible donation or pledge of:

- \$50,000 \$25,000 \$10,000
 \$5,000 \$1,000 Other _____
 Paid in Full Pledge Check Credit Card

Please make your check payable to Salinas Valley Health Foundation and mail back, along with this form, in the enclosed envelope.

Please direct my gift to the following area(s) of impact:

- Greatest Needs Fund
 Healthy Kids / Children's Miracle Network Hospitals
 Cardiac and Stroke Care
 Comprehensive Cancer Care
 Buildings and Equipment
 Health and Wellness
 Patient Assistance Fund
 Nursing Innovation Fund
 Kim Kelley Memorial Scholarship Endowment
 Medical Education Scholarship Endowment
 Partners in Excellence Grants Program

CREDIT CARD NUMBER

EXP. DATE

CVV CODE

FIRST AND LAST NAME

SIGNATURE

DATE

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS

PHONE NUMBER

SIGNATURE

DATE