



PHILANTHROPY & COMMUNITY ENGAGEMENT
DAY OF GIVING
 THURSDAY, OCTOBER 20, 2022



JOIN US FOR A DAY OF GIVING!

Legacy Health patients, employees, donors, and friends come together to celebrate good health for our community. **One day, one legacy.**

Your support during our Day of Giving shows your commitment to Legacy Health programs and services – from comprehensive cancer treatment to children’s mental health care to community initiatives.



WE NEED YOUR HELP!

Matching gifts from donors like you help us reach our goal **AND** inspire others to donate. A matching gift can double the impact of a giving day and help increase awareness throughout our community.

AMPLIFY YOUR REACH!

Our first-ever Day of Giving will be shared across the Legacy Health system and our community. As a matching donor, you will get recognition in our email communications, on our website and on all Legacy Health social media channels.



\$10,000

- **Lead match** with prominent name visibility during promotions
- "Day of Giving, powered by <Donor Name>"
- Prominently featured on external website campaign page
- Prominently featured on donation page
- Name and logo in email communications
- Dedicated social posts with name and logo recognition



\$5,000

- Prominently featured on external website campaign page
- Prominently featured on donation page
- Name and logo in email communications
- Dedicated social posts with name and logo recognition



\$2,500

- Name listing on external website campaign page
- Name listing in email communications
- Dedicated social posts with name recognition



\$1,000

- Name listing on external website campaign page
- Name listing in email communications
- Campaign social posts with name recognition



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2022 MATCHING GIFT CONFIRMATION

Yes, I want to support Legacy Health’s Day of Giving as a:

- \$10,000 Lead Match
- \$5,000 Matching Gift
- \$2,500 Matching Gift
- \$1,000 Matching Gift

Please print the matching gift name as you would like it recognized publicly:

Business Name (if different than above): _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Social Media Handles: _____

Payment type:

- Check
- Please send me an invoice
- I would like to pay via credit card

Please return this form to Kaitie Stabeno via email to kstabeno@lhs.org or mail to:

Legacy Health Philanthropy
 ATTN: Kaitie Stabeno
 P.O. Box 4484
 Portland, OR 97208

For more information, please contact Kaitie Stabeno at kstabeno@lhs.org or 503-413-6465.