

September 2019

[Name]

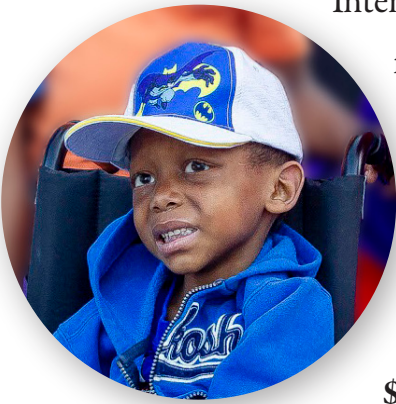
[Address]

[City, State Zip]

Help make special moments possible. Your gift will be put to work to comfort patients and their families immediately.

Dear [First Name],

Zimir's illness didn't limit his love for his favorite sport – baseball.



Intently watching the game from private box seats with his siblings, this precious five-year-old wasn't thinking about the doctor's prognosis or his mother's endless worrying over him. Although too weak to sit all the way up at times, Zimir did not want to miss any of the action.

**Our patients and their loved ones have only a brief time remaining to enjoy special moments together. Will you consider making a gift of \$[ask2] to Trellis Supportive Care to help patients, like Zimir, and their families create memories while receiving expert, compassionate care?**

When Zimir's Trellis Supportive Care team learned that he longed to go to a baseball game, we quickly coordinated with the Winston-Salem Dash to make his baseball game experience the very best it could be. That spring evening, a limousine provided by a local business drove Zimir, his mother and all three of his brothers to see the Dash play the Potomac Nationals. His nurse accompanied him and the limo driver remained parked nearby in case Zimir needed to leave the game early. During the game he enjoyed hot dogs, nachos and all the Mountain Dew he wanted. He even got to meet the Dash players and, of course, Bolt, the team mascot.

*(over)*

Formerly Hospice & Palliative CareCenter | Caring since 1979

101 Hospice Lane | Winston-Salem, NC 27103 | 336-768-3972 | [TrellisSupport.org](http://TrellisSupport.org)

**Enclosed is my gift of :**

- [\$0,000]
- [\$0,000]
- [\$0,000]
- \$ \_\_\_\_\_
- (Surprise us!)

**I WOULD LIKE TO HELP A PATIENT IN NEED RECEIVE COMPASSIONATE CARE.**

My gift is  in memory of /  in honor of: \_\_\_\_\_

Send acknowledgement of my gift to: \_\_\_\_\_

I have enclosed a check payable to Trellis Supportive Care Foundation.

Please charge a **one-time** gift to my credit card.

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ CVC Code: \_\_\_\_\_

I would like to make this credit card donation a recurring **monthly** charge.

To make an **online** donation, please visit our secure website: [TrellisSupport.org](http://TrellisSupport.org)

*Has your contact information changed?*

[Name]

[Address]

[City, State Zip]

[letter code]

The opportunity to relax and laugh on a balmy May evening with Zimir during his final days was an experience that his mother and brothers will never forget. Your generosity will create similar meaningful opportunities for other patients and their families, making all the difference during a most difficult time.

With gratitude,



Dr. Michael Lalor  
Chief Medical Officer  
Trellis Supportive Care

**P.S. A baseball game couldn't cure Zimir but it did give him nine innings of joy. Please make your gift today to help patients in [X County] living with a terminal illness experience their end-of-life journeys with special moments – surrounded by supportive care.**

