

Who Cares? We Think You Do.

December 3, 2008

Dear donor:

A newborn baby cries. A heart attack victim arrives at the emergency room. An accident victim struggles to walk so he can work again.

Who cares?

We do. Because we care for the baby, and the heart attack victim, and the person with the stroke. We care with competence, concern, and compassion. We care 24 hours a day, 365 days a year.

And we think you care, too. You care because it might be your baby who's crying, or your family member who's having the heart attack.

It might even be you who's struggling after an auto accident.

One thing we can all care about is medication mistakes. Despite the best efforts of the best people at the best hospitals, medication mistakes happen. They result in unnecessary risk, discomfort, and even death.

Tri-City Medical Center could soon become a regional leader in reducing medication mistakes by implementing a bedside barcode system that has been shown to reduce medication errors up to 90%. We want you, and your family, and your community to have the best and safest available care.

With your support, this system will become a reality at Tri-City Medical Center in 2009. The pre-planning is done. The staff is enthusiastic. We know what the benefits will be, and we're anxious to get started.

Please care enough to make a year-end gift to the Tri-City Hospital Foundation. Your gift will be used to make this system a vital part of the healthcare resources available to you and everyone else in the community.

Who cares? We think you do.

With grateful appreciation,



Eva K. Lean, M.D.
Chair, Board of Trustees



Debbie J. King
President & CEO

P.S. We invite you to see this system and its capabilities by viewing a brief video that is available at www.tricityprojects.com.

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IF YOU WOULD LIKE YOUR NAME REMOVED FROM OUR MAILING LIST, PLEASE CONTACT THE FOUNDATION OFFICE.

Please detach and enclose this form with your gift in the envelope provided for your convenience. Thank you for your support!

Yes! I want to make a difference at Tri-City Medical Center.

Enclosed is my tax-deductible donation of: \$250 \$100 \$50 \$25 Other _____

My check is enclosed. *Please make check payable to Tri-City Hospital Foundation*

Please charge my gift to: MC VISA AmEx Discover

CARD NUMBER

EXPIRATION DATE

SIGNATURE

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EMAIL

PHONE NUMBER

 **TRI-CITY HOSPITAL
FOUNDATION**

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Please send me more information about including Tri-City Hospital Foundation in my will/trust or about gifts that produce lifetime income.