



CHESAPEAKE REGIONAL HEALTH FOUNDATION

Step Up to a Healthier Life

For more than 30 years, the Lifestyle Health & Fitness Center at Chesapeake Regional Healthcare has offered fitness services and programs tailored for our community with the advantage of a hospital-based location. Hundreds of fitness center members have benefited from the exercise classes, Silver Sneakers® program, cardiac rehab, exercise physiologists, nurses and much more. With all of the programs and services offered, the Lifestyle Center has become an incredible resource for living a healthy, well balanced life.

Now you can help the Lifestyle Center make improvements and enhancements!

In order to provide the best equipment for our members, and ensure we maintain the safest and best standards, we are raising money to replace our popular Keiser Strength equipment, treadmill, seated elliptical and Nustep. We're hoping your generous donations will help us reach our goal to replace as many machines as possible. The more we raise, the more we can purchase!

With specified donation levels, you'll receive limited edition Lifestyle Health & Fitness Center swag!

- \$1,200** Receive a plaque on our donor wall, a branded gym bag, exercise band and water bottle.
- \$600** Receive the branded gym bag, exercise band and water bottle.
- \$300** Receive the branded exercise band and water bottle.
- \$150** Receive a branded exercise band.

To make a tax deductible donation, please fill out the form at the bottom of this flyer and return it to the front desk at the Lifestyle Center or mail to: The Chesapeake Regional Health Foundation | 736 Battlefield Blvd., North, Chesapeake, VA 23320.

Thank you for your support!

We look forward to partnering with you to provide the finest resources for our community!



Name: _____

Address: _____

Street

City

State

Zipcode

Phone: _____

Email: _____

Donation \$: _____

I would like to make a monthly payment of: \$ _____

Payment method:

Enclosed is my check* for \$ _____

Please charge my \$ _____ gift to:

- Discover
- Mastercard
- AMEX
- Visa

Name on card: _____

Card number: _____

Expiration date: _____

CSV: _____

Signature: _____

*Please make checks payable to Chesapeake Regional Health Foundation.

To make a gift online, please visit: ChesapeakeRegional.com/Giving.

Please mail form to: **Chesapeake Regional Health Foundation | 736 Battlefield Blvd., North, Chesapeake, VA 23320**

Email to: Foundation@ChesapeakeRegional.com or Fax: **757-312-6154**