

## Ensuring a Healing Environment for Health, Hope and Happiness

We at Hudson Hospital & Clinics approach healthcare with full recognition of the entire person – and seek to bring back into balance the physical, emotional, spiritual, and intellectual human components we all share.

A visit to our organization these days may surprise you. Our whole health philosophy is evident both with the care you receive and the special personalized touches. Original artwork enriches the campus, along with sculptures, a labyrinth, and beautiful gardens. The aroma of fresh baked cookies and music to soothe any anxiety expresses our devotion to making you feel at home. Plus, visits from our beloved pet companions will also aid in your healing process. We know that healing requires, above all, a safe and nurturing place to be; and we strive each day to provide that environment.

As Hudson Hospital & Clinics plans the future of health care for our community, one important priority is preserving our healing environment for generations to come. You can be a part of sustaining Hudson Hospital & Clinics healing environment by making a charitable contribution to the new Board Designated Healing Arts Endowment Fund. The fund becomes a perpetual source of funding to ensure our long-term commitment to a safe and healing environment for our community. Invest now for others to enjoy a healing environment of health, hope, and happiness.

Please consider a gift to the Hudson Hospital Foundation on behalf of the Healing Arts Endowment. Gifts can be made outright or pledged over-time with two annual payments. Your contribution to the fund will be matched dollar for dollar, creating double the impact.

Thank you for making Hudson Hospital & Clinics a special place.

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## Healing Arts Endowment Fund

### Donor Information

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I/We would like to contribute to the Healing Arts Endowment:

\$250    \$500    \$1,000   Other: \_\_\_\_\_

In memory of: \_\_\_\_\_

My/Our gift payment preference(s):

One time    Two annual payments

Method of Payment:    Visa®    MasterCard

Check payable to: Hudson Hospital Foundation,  
405 Stageline Rd, Hudson WI 54016

Payment Information:

Card No. \_\_\_\_\_ Code \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_