Dear

It's for families like the Seibels that I'm asking for your help today.

Franklin Seibel had been diagnosed with cancer and had only a few months to live. He came to GreenField Health & Rehabilitation Center, an affiliate of the Niagara Lutheran Health System, because his family hoped rehabilitation would help him increase his mobility enough that they could care for him at home.

"From the first moment in the door, he was greeted like an old friend," his family wrote. "The facility was always bright and clean, without the usual 'nursing home scents.' We were so very pleased to see him getting personalized care."

Unfortunately, it quickly became apparent that Mr. Seibel wouldn't be able to regain enough strength to go home. Even though he couldn't continue with rehabilitation, the staff kept him on the rehab unit so he could be with caregivers he already knew.

"Daily we saw him receive tender, compassionate care from people who seemed to genuinely care about him as a person, and about us as his family," the Seibels wrote.

Staff members helped the family understand what was happening and helped them determine the best options to make their father comfortable.

"He was treated with such respect even as his health quickly declined," the family wrote. "The caregivers were attentive, but not intrusive. They faithfully appeared to provide medication and treatment, and to encourage us.

"He was repositioned and his body gently

"Thank you, from the bottom of our hearts, for doing what we could not do. While our love for Dad was great, we weren't equipped to provide him with the quality of care he received from the Niagara Lutheran Health System."

from the family of Franklin Seibel

(over)

Our mission is to provide for the physical, social, and spiritual needs of the individuals we serve, in a Christian environment.

NIAGARA LUTHERAN HEALTH FOUNDATION
64 HAGER STREET • BUFFALO, NY 14208 • (716) 886-4377 FAX: (716) 886-0036
EMAIL: FOUNDATION@NIAGARALUTHERAN.ORG • WEBSITE: WWW.NIAGARALUTHERAN.ORG

Yes, I want to help provide life-enhancing services for our Niagara Lutheran Health System residents.

Friends ❒ $50 **Advocates** ❒ $100 **Associates** ❒ $250 **Patrons** ❒ $500 **Other** ❒ $ _____

Please make check payable to **the Niagara Lutheran Health Foundation** *or*

phone number _____

e-mail address _____

Please charge my credit card: ❒ VISA ❒ MasterCard

❒ One-time ❒ Quarterly ❒ Monthly

Signature: _____

Card #_____

Exp. Date _____/_____

Name

Address

City, State, Zip

TO BE PRE-PRINTED

Please mark necessary address corrections

❒ For gifts of $250 and above, please bill me:
❒ Semi-annually ❒ Quarterly

your last gift was _____

padded to protect from discomfort, and his hair neatly combed. I cannot tell you what it meant to us to see these acts of mercy.

"Thank you for caring and ministering to Dad and to us. We have received a gift from God."

We want to extend this gift to other families, but we need your help. Over 70% of our skilled nursing residents cannot afford to pay for their care and must rely on Medicaid reimbursement. But the gap between the amount of reimbursement we receive and what it actually costs to care for a single resident for one year averages over $18,000! And this gap increases daily as our costs for food and supplies continue to increase.

Please consider increasing your gift by $25, $50 or $75. You can make a world of difference for people like Mr. Seibel and his family.

Sincerely,

The Rev. Paul R. Mertzlufft
Chair, Niagara Lutheran Health System

PS: We care for our residents — heart and soul. Your donation will allow us to continue our vital work. Please use the enclosed envelope today.

Our Values

Responsibility

Compassion

Respect

Integrity

Commitment

Caring ~ Heart & Soul

❒ *Thrivent Financial for Lutherans* matching gift forms are available from the Foundation (716·886·4377).

❒ This gift will be matched. My company's matching gift form is enclosed.

Please accept this gift: ❒ In honor of: _____

❒ In memory of: _____

If you wish the honoree or family to be notified of your gift, please provide their name and address below:

Name _____

Address _____ City _____State_____Zip _____

For recognition purposes, please list my/our name as follows:

_____

❒ I have included the Niagara Lutheran Health Foundation in my will.
❒ Please send information about including the Foundation in my estate planning.
❒ Check if you would like your gift to remain anonymous.