

**Ellen and Stan Adkins, Co-Chairs, Champions Society**

*It is a privilege for us to serve as the co-chairs of the Champions Society. We have been supporting Prisma Health Children's Hospital—Midlands since we arrived in Columbia, 20 years ago. Today, the Children's Hospital has grown into a free-standing Children's Hospital and Level 2 Pediatric Trauma Center. The medical and surgical children's specialties have grown in depth and breadth and specialty programs have been implemented to meet the unique needs of children. It is a remarkable accomplishment and could not have been realized without the support of donors and volunteers from our community!*

*We invite you to become a Champions Society member.*

**LEADERSHIP TEAM**

Ellen and Stan Adkins  
Greg Downs  
Brian Dunphy  
Kym Johnson  
Deitra Matthews  
DoraAnn McKenzie

Elizabeth Parker  
Yuliya Rekhman, MD  
Valerie Shah, PA-C  
Deonca Shuler  
Lynn Williams

*For a list of current Champions Society members, visit [PrismaHealthMidlandsFoundation.org](http://PrismaHealthMidlandsFoundation.org)*

**IMPACT**

Your gift will support the [Pediatric Subspecialty Programs](#) at Prisma Health Children's Hospital—Midlands, helping ensure we have all the pediatric experts needed so children receive the best care without traveling out of the Midlands. When a child is injured or has a complex medical condition, he or she may need to see multiple pediatrics-certified physicians trained in different areas (orthopedics, gastroenterology, cardiology, etc.) Champions Society gifts help establish new subspecialty programs and expand current ones.

**HOW TO JOIN**

Membership requires a pledge of \$1,000 or more, payable over a 12-month period. Gifts may be made in honor of a loved one. A commitment form is enclosed. Donations of a lesser amount also are welcomed. To join or learn more, contact Anna Saunders, 803-434-2830 or [Anna.Saunders@PrismaHealth.org](mailto:Anna.Saunders@PrismaHealth.org).

Note: We have a sister annual giving society, Rising Champions, specifically for couples/individuals 40 and under. The minimum annual gift to join Rising Champions is \$500.

**MEMBER BENEFITS**

- An opportunity to build strong connections with other members and donors.
- Invitations to various social and educational events hosted by Prisma Health Midlands Foundation.
- Name recognition on the donor wall in Children's Hospital.
- Recognition on the Champions Society page of the Foundation site.

---

*A champion fights for and protects a cause. As a member of the Champions Society, you can help ensure Prisma Health Children's Hospital—Midlands is equipped to provide the best care to our community's children, close to home.*

# Champions Society Commitment Form

**Yes, I/we want to be a member of the Champions Society and pledge to contribute \$1,000 or more.**

Dr.  Mr.  Mrs.  Ms.  Mr. & Mrs.  Rev.  Other \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

Email address(es) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LEVELS OF GIVING:**  Silver (\$1,000)  Gold (\$2,500)  Platinum (\$5,000)  Other \$ \_\_\_\_\_

### YOUR PLEDGE AND METHOD OF CONTRIBUTION:

Enclosed is my/our contribution (*payable to Prisma Health Midlands Foundation—Champions Society*) Check # \_\_\_\_\_

Please bill me:  monthly (beginning on \_\_\_\_\_)  quarterly  annually  other (Please complete credit card section above).

Credit card:  Visa  MasterCard  Discover  American Express

Please draft my card in payments of \$ \_\_\_\_\_  quarterly  annually  other

Card# \_\_\_\_\_ Exp Date (MM/YY) \_\_\_\_\_

Signature \_\_\_\_\_

***Please consider making a recurring gift—an easy, green way to make a difference. If you commit to a recurring gift, we will continue to change your card or bill you on the timetable you've indicated.***

Yes, I'd like my gift to be recurring.  No, my gift/pledge commitment is for one year.

For recognition purposes, how would you like your name to appear?

\_\_\_\_\_

This gift is  in honor of  in memory of \_\_\_\_\_

Send acknowledgement to (name/address): \_\_\_\_\_

\_\_\_\_\_

This is an anonymous gift.  My company will match this contribution.

*Return completed form to Anna Saunders at Prisma Health Midlands Foundation.*

*Anna.Saunders@PrismaHealth.org | 803-434-2830*

*-or- mail to Prisma Health Midlands Foundation, 1600 Marion St., Columbia, SC 29201*