

**Yes! I would like to Name a Room in the new Medical Oncology Clinic.**

Check one:

- \_\_\_\_\_ Waiting Room..... \$50,000
- \_\_\_\_\_ Physician Office Suite.....\$25,000
- \_\_\_\_\_ 7 Seat Sub-Waiting Room.....\$25,000
- \_\_\_\_\_ Reception Area.....\$20,000
- \_\_\_\_\_ Exam Room.....\$10,000

*Payment options available*

**Yes! I would like to buy a block on the Oncology Tribute Wall.**

- \_\_\_\_\_ 6"x12" Block.....\$1,000
- \_\_\_\_\_ 6"x6" Block.....\$500

*Payment options available*

*\* A member of the WMHS Foundation staff will contact you regarding details of your selection(s) above.*

Name \_\_\_\_\_

Business \_\_\_\_\_

Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Please send your response by to:

WMHS Foundation  
P.O. Box 539  
Cumberland, MD 21501-0539



### *About the Cause*

The Schwab Family Cancer Center was built in 2009 as part of the Western Maryland Regional Medical Center. Since the opening, the number of patients seeking cancer treatment has grown substantially. The original facility layout required patients to see their physician and have lab work done in the Medical Arts Center building, and then move to the Cancer Center in the main hospital for additional treatment. Although it may not seem like a lengthy distance, for this vulnerable population and their caregivers, it is quite the journey. To improve patient care and satisfaction, and to create a more cohesive, efficient total patient experience, the Medical Oncology Clinic in the Medical Arts Center moved to an area adjacent to the Schwab Family Cancer Center. The additions are thoughtfully designed to improve patient comfort, convenience and care.



## **Schwab Family Cancer Center Giving Opportunities**



**Western Maryland Health System Foundation**

12500 Willowbrook Road  
Cumberland, MD 21502  
240-964-8003

[www.wmhs.com](http://www.wmhs.com)



# Purchase a Tribute Block

As a special addition to the new Medical Oncology Clinic, an Oncology Tribute Wall has been created with acrylic blocks purchased by donors. New blocks can be added to the wall. Donors can choose from two sizes and write a personalized message to be placed on their block. This is a beautiful way to honor or celebrate a loved one or create a personalized message to be displayed as a message of hope for all who enter the Schwab Family Cancer Center. For more information, contact Lisa Hout at 240-964-8100.



## Name a Room

Want a tribute that will last a lifetime? Select from several naming opportunities within the Cancer Center's Medical Oncology Clinic located on the 1st Floor adjacent to the Schwab Family Cancer Center. Your commemorative plaque can be personalized with your message and placed directly outside your designated room/area. This is a perfect opportunity to honor a loved one or recognize a special group or business. To discuss your naming opportunity, contact Karen Johnson at 240-964-8060.

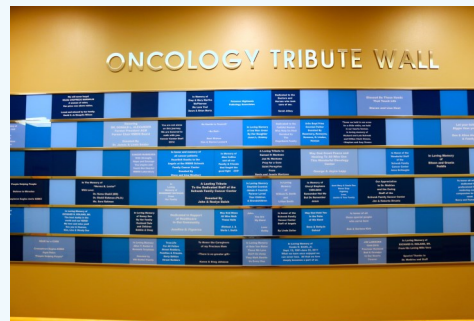
# of Rooms Available	Room Description	Pledge/Gift Level
1	33 Seat Waiting Room	\$50,000
<b>SOLD</b>	Nurse's Station	\$25,000
<b>SOLD</b>	5 Seat Blood Draw Station	\$25,000
1	Physician Office Suite	\$25,000
1	7 Seat Sub-Waiting Room	\$25,000
1	Reception Area	\$20,000
2	Exam Rooms	\$10,000
<b>SOLD</b>	Clinical Trials Area	\$10,000

**In loving memory  
of all those who  
got their wings**

**Donated by  
The Smith Family**

6"x12" Horizontal Acrylic Block = 7 lines of text;  
25 characters per line (spaces included)  
**\$1,000**

6"x6" Acrylic Block = 6 lines of text;  
16 characters per line (spaces included)  
**\$ 500**



## Make a Donation

The WMHS Foundation is committed to helping fund the expansion of the Schwab Family Cancer Center. If you would like to make a donation, please complete the form below and return it to:

WMHS Foundation  
PO Box 539  
Cumberland, MD 21501-0539

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_

I would like to make a one-time donation of \$\_\_\_\_\_.

\_\_\_\_\_ Check payable to WMHS Foundation

\_\_\_\_\_ Credit Card Type: \_\_\_\_\_

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

Card Number \_\_\_\_\_

Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_