

YOU DON'T HAVE TO BE A DOCTOR OR NURSE
TO IMPACT COMMUNITY HEALTH.

EVERYONE
CAN BE A
CARE
GIVER



WELCOME
TO THE
JARED
NEUROSCIENCE
CENTER



CoxHEALTH FOUNDATION

CARE GIVER CAMPAIGN



WELCOME TO THE JARED NEUROSCIENCE CENTER

WHEN YOU SUPPORT THE CARE GIVER CAMPAIGN YOU ARE A PART OF THE FAMILY OF DONORS WHO EMPOWER COXHEALTH TO BE THE BEST FOR THOSE WHO NEED US. DID YOU KNOW:

- CoxHealth's neuro science team has been rated number one in the nation for spinal fusion by CareChex.
- CoxHealth's Stroke Center is the first in the U.S. accredited by the Joint Commission for superior care and holds the Gold Seal of Approval
- CoxHealth has a nationally recognized board-certified stroke neurology team
- The largest group of neurosurgeons in Missouri and northern Arkansas
- Named a neuroscience center of excellence by NeuroSource
- The region's only National Parkinson Foundation Care Center
- The most complete stroke and aneurysm treatment center

The Jared Neuroscience Center will offer the depth and experience of the neurology group from Ferrell-Duncan Clinic along with the largest neurosurgical private practice in Missouri from Springfield Neurological and Spine Institute. CoxHealth is proud to have a team of physicians that include subspecialists in interventional neuroradiology. With over 100 years of combined experience, our physicians and this new facility make the Jared Neuroscience Center the premier place for neurological care.



**Children's
Miracle Network
Hospitals**

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COXHEALTH FOUNDATION

CARE GIVER CAMPAIGN



DONOR OPPORTUNITIES

Welcome Center- \$40,000

Be the first to greet all visitors in the lobby of the new hospital by supporting the Welcome Center.

Refreshment Center- \$25,000

Give all visitors and families a place of relaxation and refreshment during their loved one's hospital stay- lobby location includes seating area and café.

Child's Play Center- **TAKEN**

Healing Garden- \$75,000

Provide all visitors, families and guests a place to enjoy the healing power of the outdoors with this ground level garden.

The Jared Neuroscience Center will comprise the top three floors of the new Tower.

Neuroscience Out-patient Floor- \$500,000

The donor choosing to represent the most innovative neurological care will have their name prominently featured upon entry to the floor.

Nuero In-Patient Room- \$10,000 each, (32) rooms available

Remaining available: _____

The Jared Neuroscience Center will house patients with all forms of neurological needs including spinal and brain surgery patients, stroke, Alzheimers, Parkinsons and other forms or conditions as a result of injury/trauma as examples. Each room will be private and provide family space to encompass the holistic model of healing that includes the participation of the patients support network.

Family Lounge and Kitchenette- \$25,000

As stays on the Nuero-In-Patient Floor can be extended, it is important to accommodate the family by having more services available including a kitchenette for snacks and coffee.

Patient Rehabilitation Gym- \$15,000

The road to recovery on this floor often includes time with a therapist. This gym affords the patient the convenience of receiving that treatment without having to leave the unit.



Staff Lounge- \$10,000

Recognize the dedicated staff by supporting their respite spot during the course of delivering outstanding care.

Education Classroom- **TAKEN**

Families often require additional education on how to support their loved one upon release, as well as patient education on recovery and rehabilitation. This classroom will be an all access space for education in the unit.



Children's
Miracle Network
Hospitals

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COXHEALTH FOUNDATION

DONOR COMMITMENT FORM

Please designate my gift to support the following area of the building:

Name _____

Address _____

City, State, Zip _____

Company Name _____

Contact _____

Phone _____

Email _____

Signature _____

- I would like to contribute over a period of time.
\$ _____ for _____ years to begin _____. (month)
Amount per year to be given \$ _____.
Please send me a reminder in the month of _____.

- Please contact me in regards to stock information for my gift.

- I would like to make a credit card gift.

My card is VISA MasterCard Discover AMEX

Number _____ Expiration date _____

3 digit number on back _____ AMEX-3 digit number on front _____

Name on card _____

Signature _____

- Enclosed is my donation of \$ _____.

Send your donation to :

CoxHealth Foundation
3525 S. National, Suite 204
Springfield, MO 65807
417-269-7150 • fax 417-269-9599

All gifts are fully tax deductible as allowed by law.

