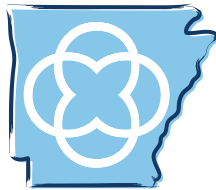


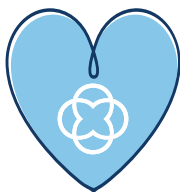
THANKS TO SUPPORT
SUCH AS YOURS...



CARTI saw a
21% increase in requests for
assistance last year, **helping**
962 patients



Patients from **71 Arkansas**
counties and 7 different states
received assistance last year.



3,379 rides, 2,978 fuel cards and
827 nights of lodging were
provided to CARTI patients to help
them get to their appointments.
Additional services included
emotional counseling and
medication assistance.



We know you work hard for our
patients. Supporting the annual
Team Giving Campaign takes
your commitment beyond
CARTI's walls and meets our
patients where they are.



Scan the QR Code to give online.

 **CARTI FOUNDATION**

P.O. Box 55011 • Little Rock, AR 72215
501.660.7616 • CARTI.com



CARTI TEAM GIVING CAMPAIGN

 **CARTI FOUNDATION**

MAKE A MEANINGFUL GIFT

YOUR GIFT CAN:

- Be a tribute, honoring or remembering a loved one, patient or colleague
- Be designated to the program or service most meaningful to you, such as:
 - Patient Assistance
 - Research
 - Nursing
 - Patient Support Services

However you choose to give, all gifts immediately make a difference for CARTI patients and are 100% tax deductible. **Payroll deductions will run through fiscal year 2025** (beginning with the July 12, 2024 paycheck and ending with the June 27, 2025 paycheck).

WAYS TO GIVE

- **Mail the attached form** in the enclosed envelope
- **Scan it** to CARTIFoundation@CARTI.com
- **Drop it off in the Foundation Office** on the 3rd floor at the CARTI Cancer Center in Little Rock
- **Scan the QR code** on the back of this brochure



WHY GIVE

No one asks for cancer, but when they ask for CARTI, **you are their comfort in the storm – their Hero of Hope.** In addition to your time, skills and compassion, we ask that you further your commitment by supporting the annual Team Giving Campaign.

Whether it's a full hour of pay per period, a half-hour of pay per period or an amount of your choosing, when you give to CARTI you show patients you are fully committed to our mission of making trusted cancer care accessible for every patient we serve.

Those choosing to donate the equivalent of at least one half-hour of pay per pay period will receive a Hero of Hope t-shirt.



I AM A CARTI HERO OF HOPE

Name: _____ Emp. ID#: _____
Facility: _____

PLEASE DESIGNATE MY GIFT TO

- ☐ CARTI Location: (Please specify) _____
☐ CARTI Research
☐ Nursing
☐ Patient Assistance Program
☐ Patient Support Services
☐ Other: (Please specify) _____

MAKE MY DONATION IN: ☐ Memory of ☐ Honor of
Name _____

SEND ACKNOWLEDGEMENT TO:

Name _____
Address _____

PAYMENT OPTIONS

Payroll Deduction: (7/12/24 - 6/27/25)*

- ☐ One hour of pay per pay period.
☐ One half-hour of pay per pay period.
☐ \$_____ per pay period.

PAY NOW

- ☐ I have enclosed cash or a check in the amount of \$_____.
☐ Please charge my credit card in the amount of \$_____.

Credit Card Number _____
Exp. Date: _____ Security Code: _____

T-shirt Size: _____

Please sign, date and return to the CARTI Foundation:

Signature: _____ Date _____

*I understand that I can change or terminate my gift at any time.

THANK YOU FOR BEING A HERO OF HOPE!