



# COMPLETE A ROOM with *Care*

## Buffalo now has...

**a new children's hospital** that consolidates services in a free-standing, state-of-the-art facility. The new hospital ensures that world class pediatric and maternal services remain available for patients in the Western New York region for generations to come.

Let's make it possible for every patient room in the new hospital to be a private room designed specifically with the needs of the mothers and children we care for, their parents and our dedicated caregivers.

### Complete a Room for Patients

- Room designed to provide comfort and reduce anxiety with soft colors and lighting
- Private bathroom and shower

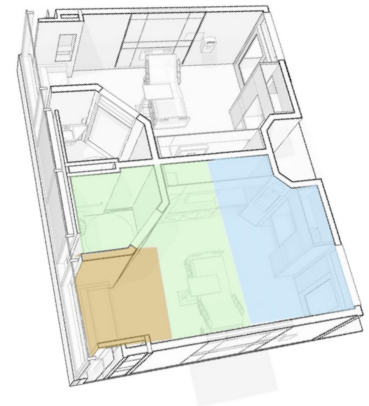
### Complete a Room for Families

- Each Room large enough to accommodate parents to stay with child
- Parents have the peace of mind of knowing they can be with their child, 24/7
- Safes for patient & family belongings

### Complete a Room for Caregivers

- Caregivers have more space for patient-dedicated equipment and medications allowing for more personalized care in a more comfortable environment
- The entire Hematology/Oncology suite is designed to keep germs and viruses away from the patient with all rooms are positively pressurized so that air is always pushing out of these rooms
- NICU Private room setting increases developmental outcomes and decreases length of stay by:
  1. Reduces stressful noises that can be harmful to baby
  2. Allows for correct lighting and temperature control
  3. Reduces risk of secondary infection

Patients Families Caregivers



Find out how to Complete a Room with Care  
By calling 716-881-8230 or visiting

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



JOHN R. OISHEI  
Children's Hospital

The Children's Hospital of Buffalo Foundation  
1028 Main Street Fl4 • Buffalo, NY 14202 • 716-881-8230  
[www.chobfoundation.org](http://www.chobfoundation.org)



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Children's Hospital

COMPLETE A ROOM  
*with Care*

**DONOR INFORMATION**

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Company \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**GIFT PLEDGE INFORMATION**

I (we) pledge a total of \_\_\_\_\_ payable in increments of \$ \_\_\_\_\_ per year for \_\_\_\_\_ years

Payment frequency \_\_\_\_\_ to begin day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

Other \_\_\_\_\_

**We will Complete a Room with Care:**

**\$50,000 Level**

(\$10,000 a year for 5 years)

Neonatal Intensive Care Unit

Pediatric Intensive Care Unit

Emergency Department

**\$25,000 Level**

(\$5,000 a year for 5 years)

Mother Baby Unit

Medical Surgical Room

Long Term Monitoring

**\$10,000 Level**

(\$2,000 a year for 5 years)

Multi Specialty Clinic Room

Pre/Post Op Recovery Room

Procedure Room

**We will make a gift of \$ \_\_\_\_\_**

**Gift Recognition:** Name(s) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_