



PATIENT CARE TRUST FUND

520 EIGHTH AVENUE, SUITE 1200, NEW YORK, NY 10018-4181

Phone: (212) 356-8180

Fax: (212) 356-8181

benefits@cirseiu.org

<http://www.cirseiu.org/benefits>

October 1, 2009

Dear HHC Residents:

Each year during the holidays, Patient Care Trust Fund (PCTF) provides gift cards towards the purchase of books and toys for children who are patients in the Pediatrics, Pediatric Psychiatry and Family Medicine departments. The Fund strongly encourages you to promote the "Reach Out and Read" Program which supports reading between parents and children. Please help the Fund accomplish its goal by purchasing books and encouraging parents to read to their children.

To receive Funds, please complete and submit the "Holiday Grant Application" before the **October 22, 2009** deadline. You can mail or fax your application to the address and fax number above. For your convenience, this letter and the Holiday Grant Application will be posted on the web at "http://www.cirseiu.org/pcf_ny_hhc/default.aspx" under "Download Holiday Grant Letter". Upon approval, you will be contacted with a time and date to pick up the gift cards.

The Patient Care Trust Fund will provide \$15.00 per patient (excluding neo-natal beds) up to \$1,500 per department. A minimum of one hundred dollars worth of purchased books must be kept in the hospital. Purchases for books and toys are to be made with the Barnes & Noble and Toys-R-Us gift cards provided by the Fund.

I look forward to your application and participation in the PCTF Holiday Grant Application program.

Sincerely,

L. Toni Lewis, MD
Chairperson

Enclosure: Holiday Grant Application



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Holiday Grant Application

Project No. 2216-2009

Date: _____

Name of Applicant: _____ Title: _____ Dept: _____

Phone: _____ Cell: _____ Pager: _____

Hospital: _____

Person responsible for picking up gift cards:

Name: _____ Phone _____

Department Submitting for: _____

= # of In-Patients _____ x \$15 = _____

= # of Out-Patients _____ x \$15 = _____

Total Request (Not to exceed \$1,500) = _____

Your **Total Request** will be issued in the form of gift cards from the providers below. Please indicate the amount of cards you wish to receive from the following card values.

Toys-R-Us: \$10 _____ \$50 _____ \$100 _____

Barnes & Noble: \$50 _____ \$100 _____

For PCTF Trustees Only:

Amount Approved \$ _____

Signature _____