ROOM NAMING OPPORTUNITIES

The naming of a building, department/wing or room at WellOne in honor of, in appreciation of, or in memory of a living or deceased individual is a unique way to celebrate a person’s life and legacy. WellOne is dependent upon financial support from the public to continue its mission of providing services to patients regardless of ability to pay. Your support also allows WellOne to maintain its facilities and to purchase needed equipment and technology.

The following naming opportunities are available at our facilities in Pascoag, Foster and North Kingstown:

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Donation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building</td>
<td>By Inquiry</td>
</tr>
<tr>
<td>Department/Wing</td>
<td>By Inquiry</td>
</tr>
<tr>
<td>Patient Waiting Area</td>
<td>$1,000</td>
</tr>
<tr>
<td>Medical, Dental or Behavioral Health Treatment Room</td>
<td>$500</td>
</tr>
<tr>
<td>Conference/Multi-purpose Room</td>
<td>$400</td>
</tr>
</tbody>
</table>

A personalized acknowledgement of your tribute will be engraved on a plaque that will be place in the room you have selected. Your contribution provides you with exclusive naming rights for your selected room for a three-year period. Naming rights can be renewed for an additional three years or in perpetuity upon discussion.

Please complete the form below, print out and mail to WellOne Primary Medical and Dental Care, Accounting Department, P.O. Box 312, Pascoag, RI 02859.
Yes, I/We want to support WellOne’s mission through a naming opportunity.

Your Name(s):

Street Address:

City: State: Zip Code:

Telephone: Email:

Payment Method

☐ Credit Card  ☐ Check Enclosed - Payable to The WellOne Foundation

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW

CHECK CREDIT CARD USING FOR PAYMENT

☐ Visa ☐ MasterCard

CARD NUMBER  3 digit #  AMOUNT

SIGNATURE  EXP. DATE

I would like to use my gift for naming rights as follows (indicate location and room type):

☐ Pascoag  ☐ North Kingstown  ☐ Foster
☐ Patient Waiting Area  ☐ Medical Treatment Room  ☐ Dental Treatment Room
☐ Behavioral Health Treatment Room  ☐ Conference/Multi-Purpose Room

Please give the name of the individual and how you would like the plaque to read:

☐ In Memory of  ☐ In Honor of  ☐ In Celebration of  ☐ In Appreciation Of

Name of Person: __________________________

A Gift From: __________________________

If you have any questions or interest in naming a building or department/wing, please contact Pam Taylor, Development and Public Affairs Director, at 401-285-5153 or email her at ptaylor@welloneri.org to discuss.

WellOne is a public charity under IRC SEC 501(c) (3). Your donation is tax-deductible to the amount permissible by law, please contact your tax consultant for more information.