
Poweshiek County Mental Health Center

200 4th Ave. W.

Grinnell, IA 50112

www.pcmmentalhealth.org

December 10, 2009

<NAME>
<ADDRESS>
<CITY STATE ZIP>

Dear Friends:

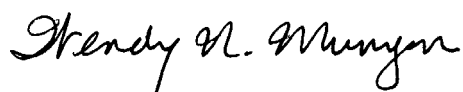
The annual fundraising drive of the Poweshiek County Mental Health Center has been moved to December. Please join us in this important effort!

PCMHC is a non-profit organization providing mental health services with compassion and professionalism to enhance the quality of life of our residents, students, and communities. As part of our commitment to the well-being of our community, the PCMHC prides itself on providing these quality services to all individuals, *regardless of their ability to pay*.

As technology advances, there is an opportunity to improve services at the mental health center by instituting the use of electronic health records. Electronic health records are rapidly becoming the standard in the field of mental health. Electronic records allow clinicians to have immediate access to the full complement of services provided to an individual within the center. This provides for seamless delivery of services and, ultimately, better care for the individual. Client confidentiality is maintained utilizing strict procedures and technical enhancements.

The mental health center has seen an increase in client numbers this past year. Electronic records would increase office efficiency and eliminate the need for off-site storage of paper records. The expected cost for software and transitioning to electronic records is approximately \$30,000 with an annual support cost of \$6,000.

The Poweshiek County Mental Health Center needs your help to make the transition to electronic records a reality! Thank you for supporting the Center as we strive to support the Poweshiek County community.



For the Poweshiek County Mental Health Center Board

*Printing Courtesy
Grinnell Mutual Reinsurance Company*

I support the efforts of the Poweshiek County Mental Health Center with a 2009 tax deductible gift in the amount of:

\$25 \$50 \$100 \$250 Other: _____

___ Please charge my VISA MasterCard card for this gift:

--- Exp. _____
MM/YY

___ Please find my gift of \$_____ enclosed.

___ Please send me a receipt for tax purposes.

Donor: <NAME, ADDRESS, CITY STATE ZIP>

Please send to: Poweshiek County Mental Health Center, 200 4th Ave. W., Grinnell, IA 50112-0013