

# Crystal Smith Breast Cancer Fund

In memory of  
**Crystal Swittenberg Smith**



October 26, 1959 – December 3, 2003



2720 Sunset Boulevard  
West Columbia, SC 29169  
(803) 791-2540

[LMCFoundation.com](http://LMCFoundation.com)







The Lexington Medical Center Foundation created the Crystal Smith Breast Cancer Fund in memory of Crystal Smith, a devoted wife and mother who shared 22 years of her life with the hospital.

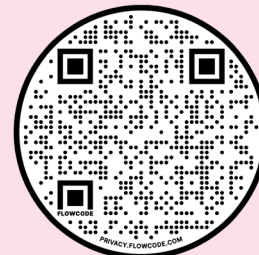
Through the generosity of our donors, the Crystal Smith Breast Cancer Fund specifically provides breast cancer patients at Lexington Medical Center with essential items and services, including post-surgical kits for mastectomy patients, wigs and mammograms. The fund also meets many emergency needs for breast cancer patients, allowing them to concentrate on the most important priority — winning their fight against breast cancer!

### Suggested Donation Levels

|                |  |
|----------------|--|
| <b>\$25</b>    | provides a specially designed bra for a woman after a mastectomy                 |
| <b>\$50</b>    | provides three plush “Lucinda” bears for encouragement and seat belt comfort.    |
| <b>\$100</b>   | provides three post-surgical kits in a beautiful Vera Bradley bag.               |
| <b>\$250</b>   | funds one 3-D mammogram, providing early lifesaving detection.                   |
| <b>\$500</b>   | provides one wig for a woman undergoing chemotherapy.                            |
| <b>\$1,000</b> | delivers critical emergency assistance for a breast cancer patient in treatment. |

### Make a Donation

To donate online, visit [LexMed.com/CrystalSmith](http://LexMed.com/CrystalSmith) or scan the QR code.



Please detach and send to the address provided.

### Make a Donation

To donate by check or card, please complete the form below and send the detached form to:

#### Lexington Medical Center

Attn: Foundation Office  
2720 Sunset Boulevard • West Columbia, SC 29169

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

#### Payment Information

- Please find my check enclosed.
- I am interested in making a legacy gift.
- I would like to contribute \$ \_\_\_\_\_.  
Please charge my credit card. (Circle one.)



Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

Make checks payable to Lexington Medical Center Foundation.

*LMC Foundation is a 501(c)(3) nonprofit (Type II Supporting Organization). Your donation is tax deductible as allowed by law. We are not eligible to receive Qualified Charitable Distributions from an IRA. Consult your financial advisor about other qualified giving vehicles.*

**Please call (803) 791-2540 with questions.**