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The Spirit of St. Luke's, Summer 1990

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The Miracle of Allison Markunas

“She pushes herself to the limit. Allison is her own best therapist. Her determination and positive approach have gotten her to this point.”

—Lori LaHann, occupational therapist
The Spirit of St. Luke's

Summer 1990

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Introducing The Spirit of St. Luke’s...

This is the first issue of the St. Luke’s Medical Center/Foundation’s new publication aimed at informing our friends and supporters about the dynamic programs and progress going on at St. Luke’s. As suggested by the new publication’s name, The Spirit of St. Luke’s, we hope to capture for you the essence of St. Luke’s — the high quality patient care which has such a direct impact on so many lives. In particular, we plan to share with you stories of patients who have benefited firsthand from the staff expertise and up-to-date technology which have combined to place St. Luke’s at the forefront of modern healthcare providers. We supplement these stories with informative reports on the staff and departments providing ongoing “excellence in health care.”

In addition, this publication will keep you informed about the new programs and technological advances in areas such as cardiac care and cancer care which make significant contributions to St. Luke’s reputation and ability to serve the community. In this issue, on the facing page, we are profiling our new outpatient construction project which is currently underway.

The common thread throughout the success stories taking place at St. Luke’s is that none of them would be possible without the generous support and commitment we have received from our community. We hope The Spirit of St. Luke’s will inform you about the value of your support and express our continuing appreciation for your commitment to St. Luke’s.

Mark Ambrosius
President, St. Luke’s Medical Center
Much is going on at St. Luke's and we want you to know about it. If you've driven by St. Luke's lately, you've undoubtedly noted the major construction taking place at the hospital. We are in the process of constructing a four-level, 166,000-square-foot facility and we plan to renovate another 40,850 feet. This entire project is outpatient-oriented because that's where we see the greatest patient growth and need.

Over the last several years, St. Luke's outpatient admissions have continued to rise, increasing 81 percent from 1985 to 1989. Projected visits are estimated to number 286,000 in 1995 and by that year, we anticipate that outpatient surgeries will increase another 50 percent. So that we can continue to provide efficient outpatient care we must expand. The present construction represents approximately 15 percent in increased space.

A major facet of this construction is the redesign and expansion of our Emergency Department, which is one of the busiest in town with annual patient visits of over 40,000. We've occasionally had to close the Emergency Department because we are simply too full to handle any more patients. The emergency care we are providing is still excellent but we are stretched to the limit.

Another key component of the construction project is the expansion of the Vince Lombardi Cancer Clinic so that cancer treatments can be brought together in one location for the convenience of patients. A third major project is the general expansion of the outpatient Diagnostic and Treatment Center. This will include additional room for the wide range of outpatient services, from specialties such as gastroenterology, urology, orthopedics, and ophthalmology to minor operative procedures.

Finally, we are expanding our outpatient surgery facilities by adding four surgical suites and accompanying admitting and family waiting areas. This area is being designed so that it is adjacent to our major operating rooms and will allow for convenient movement of equipment and staff. The construction project is well underway and should be completed by the end of 1992. One of its highlights is a new front entrance, shown in the architect's illustration on this page.

St. Luke's administration and board have developed a comprehensive financial plan to pay for this project and immediate equipment needs. Of the total amount, approximately 85 percent of the required funds are in hand from sources such as the hospital's operating funds and a recent bond issue. The additional 15 percent balance needs to be raised from other sources.

While St. Luke's strength and reputation have been built in great part on our nationally recognized cardiac program, a significant part of the hospital's mission has always been to serve our community. Our current construction project reflects this priority.

An architect's illustration of the addition to St. Luke's Medical Center which will be completed in 1992.
The Miracle of Allison Markunas

Miracles happen daily at St. Luke’s Medical Center. An elderly man suffers a near-fatal heart attack and survives to celebrate his 50th wedding anniversary. A patient’s life-threatening cancer goes into remission. An injured child starts walking after months in a wheelchair. A middle-aged woman receives a new heart and is able to hold her first grandchild. Sometimes the miracles are less dramatic but nevertheless heartwarming — a patient smiles, a hand is squeezed, a broken bone is mended, a cut is stitched, a baby is born. People in the medical professions, people who regularly walk a tenuous line between life and death, know that it’s important to remember the miracles because they don’t always happen.

The miracle of Allison Markunas is one that will be long remembered by many of the staff members at St. Luke’s — not only because so many of them had a significant impact on her remarkable recovery, but also because her story has all the ingredients of a spellbinding drama. Allison’s story is one of vibrant youth and infinite potential — all on the brink of being lost forever only to be saved by her own courage and perseverance combined with the expertise and dedication of numerous medical professionals.

The story begins
Allison’s story is still unfolding, but enough has happened since it began on April 12, 1989 to predict that the outcome will be miraculous. Before the events of April 12, she was an excellent student, a talented gymnast, captain of a championship cheerleading squad, a devoted daughter; she was beautiful, popular, hard-working, and ambitious. A junior at Greendale High School, she was anticipating so much — her 17th birthday on May 10, two proms (she was to be a member of both prom courts), her confirmation at St. Alphonsus, a glorious summer (as only summer can be when you’re 17).

But that afternoon everything changed. On her way home from school, Allison was riding in the front seat of a car driven by a friend. They were hit by another car at an intersection just two blocks from the high school. Allison was thrown forward and hit her head on the windshield. Her friend suffered a broken collarbone and a bruised heart, but Allison lost consciousness immediately.

The accident happened right in front of the Greendale fire station so Allison received almost instant medical attention. This story is also full of “if’s” and the first one occurred at this point. The fire department rushed her to St. Luke’s Medical Center where the Emergency Department staff had been alerted and was prepared for
her arrival and critical condition. "If" she had been taken to a hospital farther away than St. Luke's, doctors agree that she probably would not have lived. Every second was crucial. Her head injury was severe and her life was hanging by a thread for many days. Ironically, she had no other injuries.

The Emergency Department takes over
Dr. John Whitcomb, medical director of the St. Luke's Emergency Department, was at Allison's side the moment she was brought into the hospital. He says, "It is a case like this that makes you realize how fragile life really is. I honestly didn't think she would make it. She had all the symptoms of a person with a severely injured brain. We had a neurosurgeon examine her immediately to determine what steps should be taken — in particular whether surgery was warranted or not."

A CAT-Scan revealed that while there was no blood clot warranting surgery, her brain was swollen severely. A breathing tube was put into her lungs and she was hyperventilated, or forced to breathe very quickly. This increased breathing increases the carbon dioxide in the brain and reduces swelling.

Meanwhile, Allison's parents, Fran and Ed Markunas, were notified about the accident. Though Allison doesn't remember anything about that day, every detail is vivid in her parents' minds. Fran Markunas remembers driving to the hospital, hoping that the emergency was no more than a broken arm, and anticipating how upset Allison would be about going to the prom wearing a cast. Ed Markunas, a math teacher at Pulaski High School in Milwaukee, was already at the hospital when his wife arrived. Fran says the moment she walked into the Emergency Department she knew that the situation was extremely serious. A St. Luke's nurse immediately took her arm and guided her to a private area, assuring her along the way that everything possible was being done for her daughter.

Fran and Ed Markunas have the highest praise for the way they were treated and the way their daughter's case was managed in the St. Luke's Emergency Department. They were allowed

Lori LaHann, occupational therapist, and Kris Robbins, physical therapist, work with Allison Markunas on hand/eye coordination.
to be with Allison immediately and were kept informed about everything that was happening. Fran says, “We knew how critical the situation was from the very beginning.” Fran remembers going alone to the hospital chapel and praying fervently for her daughter’s survival.

Allison was in a deep coma. No one knew whether she would live or die — and if she did live — no one knew how disabled she might be. However, the miracle continued. She was put on a respirator. Her life was supported by the best technology available and the staff at St. Luke’s rallied every possible resource to save her life. From the Emergency Department, she was moved into the intensive care unit (ICU) where another dedicated team of experts took over. At that point, Allison was exhibiting the symptoms of a possibly fatal, or at the least, significantly disabling brain stem injury.

A vigil at St. Luke’s begins
The long wait had started. Dozens of Allison’s friends came to the hospital and stayed, many of them throughout the night and the next several days. At one point there were as many as forty traumatized teenagers hoping and praying with Allison’s parents in the intensive care waiting room. The Markunases emphasize that throughout the entire ordeal, the St. Luke’s staff was compassionate, supportive, and flexible.

Despite the disruption in their regular hospital routine, the staff obviously understood the importance of allowing Allison’s many friends to stay close to her. Departing from the usual ICU guidelines, the staff allowed the teenagers to see Allison, talk to her, and hold her hand. The ICU staff says now that they didn’t expect Allison to live and thought her friends should have a chance to be with her one last time. In the days following the accident, St. Luke’s sent a psychologist specializing in crisis intervention to Greendale High School to talk to the student body about Allison’s condition.

The road toward a miracle was bumpy. At one point, Allison developed a potentially fatal blood infection and she also fought off pneumonia — both complications that sometimes accompany a severe head injury. It was several weeks before her survival seemed assured. The day before her birthday, a group of friends had a prayer service for her. On her 17th birthday, May
10th, she started to emerge from the coma. At that point, she was completely paralyzed on her right side and could move her left arm only slightly. About a week later, on the day before Mother’s Day morning, Fran Markunas received the most wonderful phone call of her life. A raspy-voiced Allison whispered into the phone, “Hi, Mom.” The miracle was now in full swing.

**Recovery begins**

Physical therapy began when Allison was still comatose. Within a few days of the accident, St. Luke’s therapists started working with her, moving her arms and legs when she could not move them herself. Kris Robbins, Allison’s physical therapist, remembers that when she first saw Allison she was just beginning to open her eyes. Kris worked extensively with Allison at this point to get her to respond to commands and start moving various parts of her body.

Meanwhile, Lori LaHann, an occupational therapist, started working with Allison on general control; eventually she had Allison sitting on the side of her bed in an upright position. Head control and awareness of her body position were priorities. As she started to come out of the coma, Carrie Garvalia, a speech therapist, helped Allison learn to move her tongue and then swallow again — first steps if Allison was ever to eat or speak on her own.

Allison stayed in the ICU for about two weeks and in the hospital for two months. Her good friends never gave up on her. They sat by her, talked to her, comforted her parents, and helped feed her when she was able to eat. They even rubbed her feet. Her room was filled to the brim with gifts, balloons, flowers, and over 200 cards on the walls. Allison was so thrilled with the malts they brought from Leon’s Frozen Custard Drive-in that the popular teenage spot started sending over a butter-scotch malt every afternoon. The junior class gave her an enormous teddy bear that took up so much room it had to be moved. The bear now occupies an honored place in the Markunas living room.

When Allison left St. Luke’s June 10th, she had come a long way in the two months since the accident. She could sit up straight in a wheelchair, eat solid foods, and she was beginning to communicate. For many months after she moved back home, Allison returned to the hospital five days a week for continued rehabilitation and she still goes to St. Luke’s for physical and occupational therapy three times a week. Until recently, speech therapy was also a part of her regimen.

Now close friends, Allison’s therapists have been integral to her recovery process. Lori and Kris are both young women who identify easily with the challenges and concerns Allison faces. Kris feels a special empathy with...
Allison worked closely with Dr. Henry Alba, rehabilitation physician.

"They laughed with me and cared about me. Staff members spent their break times with me when they could have been doing something else."

—Allison Markunas

Allison because she was a gymnast and a cheerleader, too.

Lori says, "Working with Allison has been one of the high points of my days — a real growing experience for myself as well as Allison. We have developed a nice friendship."

College: the next challenge
The latest step in Allison’s miracle is that she is going to college — to the University of Minnesota — in the fall. Her current therapy program is aimed at that goal. Because of the limited use of her right hand, she has decided with her therapists to become a “lefty,” but writing is still a challenge. Allison now refuses to use a wheelchair or walker, and a major focus of her therapy is to improve her walking. Basically, she is learning to make new parts of her brain take over from the areas that remain damaged, and that requires hard work. Both therapists agree that Allison is still making definite progress and that she will continue to do so.

Lori says, “She pushes herself to the limit. Allison is her own best therapist. Her determination and positive approach have gotten her to this point. College will be a real challenge, but there’s no question that she’s up to it.”

Allison knows she will face obstacles in college, but she is making plans now to succeed. She will room with a friend from high school who understands her special needs; she will use a tape recorder and have a note-taker go to classes with her. Her parents have bought her a computer to take to college, and she plans to continue her recovery at a local health club which also offers physical therapy. One of the greatest tributes to Allison’s experience in therapy at St. Luke’s is that she is seriously considering becoming an occupational therapist herself.

Allison’s recovery process has been marked by many highlights, but there have also been hard times. Learning to walk and talk and write again is tedious work. Progress frequently is measured in tiny steps and for someone accustomed to a fast-paced life, such gradual progress can be frustrating. After all, Allison moved from doing cheerleading flips in the air and performing perfectly coordinated gymnastic feats to learning to crawl all over again. For Allison, walking up a flight of stairs takes as much energy as most people
need to run around a football field at full speed.

Allison's relationships have also changed, resulting in unique stresses that would not have existed before the accident. Just when she was going through the normal teenage transition from dependency on her parents to increased independence, she has been forced to be as dependent as a small child. Friendships, too, have taken on a different character. Some girlfriends have distanced themselves from Allison and that distance is painful. Allison has learned the hard way that some people have much difficulty dealing with the disabled and the easy solution is to avoid her.

Another bittersweet experience occurred early this winter when Allison traveled with her cheerleading squad to Florida for the Universal Cheerleading Association's national competition. It was difficult not to be an active part of a group that had been so important to her. But though Allison has her down times, most often she is upbeat and optimistic. She has made new friends and has developed deeper friendships, particularly with several young men who have remained devoted to her since the accident. She has gained a new appreciation and respect for her parents — and they for her. Most importantly, she has found resources within herself that she never knew existed.

Why did Allison recover when so many others with similar injuries die or make little progress? No one knows the answers. There were many factors — her youth, her excellent physical condition, the support and prayers of her family and friends, her own determined personality. Without a doubt, the staff expertise and technological resources at St. Luke's were essential during every facet of her recovery period — from the Emergency Department to the ICU to Physical Rehabilitation. When asked, Allison and her parents will quickly list numerous names of people at St. Luke's who they feel played an essential role in her recovery . . . Dr. Whitcomb, the Emergency Department director, and Dr. Robert Goldmann, the Critical Care doctor, and Dr. Henry Alba, the Rehabilitation doctor.

Allison herself emphasizes, "Everyone was so wonderful to me. They did much more than they had to do. They laughed with me and cared about me. Staff members spent their break times with me when they could have been doing something else."

Ed Markunas says, "Anything we wanted was there for us. Nurses, therapists, secretaries, even administrators — so many people shared our experience. I can walk in the hospital and have ten staff members come up to me and ask how Allison is doing."

Whatever the reason, Allison's spirit and success will continue to be an inspiration and reminder to many people that miracles do happen.
The Spirit of St. Luke’s

Rehab services bring people back

Through Rehabilitation Services at St. Luke’s Medical Center, patients are able to maintain and improve their quality of life. While other departments may save lives, rehabilitation helps make those lives worth living by helping patients develop the physical capacity to carry on daily activities.

There are several key facets to rehab services at St. Luke’s. The inpatient rehabilitation unit consists of 48 beds with about 60 nursing staff members, 40 physical therapists, 20 occupational therapists, 10 speech pathologists, psychologists, social workers, therapeutic recreation therapists, audiologists, and physiatrists (physicians trained in physical rehabilitation). Patients in this unit are transferred from other medical areas within St. Luke’s or are admitted from other surrounding hospitals.

St. Luke’s Rehabilitation Services sees a variety of patients with a wide range of needs. Most are stroke patients or patients with brain injuries and other neurological problems. The department also sees cancer patients, orthopedic patients, amputees, and people with general strengthening needs. The department also specializes in pediatric rehabilitation. Each person referred to the rehabilitation program is assigned a primary physical therapist, occupational therapist, and if necessary, a speech therapist.

In addition to the inpatient unit, space is rented at four outpatient sites predominantly in physician office buildings where complete musculoskeletal/orthopedic rehabilitation services are provided. While full rehabilitation services are offered at each of these sites, one specializes in a Work Injury Program designed to return injured workers to productive living and another offers a Voice Improvement Program which offers help in the areas of voice overuse or misuse, professional voice improvement, and foreign accent reduction — a unique program which is helpful to people who speak English but are difficult to understand because of their accents.

Michael McAvoy, the director of rehabilitation services, says, “Continuity and developing a close relationship with a therapist are part of the rehabilitation process. By working regularly with a patient, therapists gain an understanding of each person’s needs and progress. Patients who come to St. Luke’s for rehabilitation truly become endeared to the hospital and have a real appreciation for the help they’ve received in the recovery process.”

The recovery process typically follows the developmental stages a child goes through. A person with a brain injury, such as Allison Markunas, needs to learn to sit up before she can stand up, to crawl before she can walk. Therapy helps patients reach their full potential.

Michael McAvoy emphasizes, “A real asset of St. Luke’s Rehabilitation Services is that it operates within a full-service medical facility so that all the resources of the medical center are available for patients. From the patient’s viewpoint, this continuity of care is very important. Our staff’s level of excellence also sets St. Luke’s apart as an outstanding community resource.”
St. Luke's Emergency Department: a place where miracles begin

St. Luke’s Emergency Department is one of the busiest in the Milwaukee metropolitan area. In 1989, emergency visits to St. Luke’s totaled over 40,000. Total annual visits are expected to reach over 45,000 in 1994.

St. Luke’s Emergency Department provides some of the finest care in the city and has an excellent reputation for handling emergency cardiac patients; however, the rising number of cases means that the Emergency Department is sometimes filled to capacity and occasionally ambulances have to be diverted to other less busy institutions. This problem will be alleviated when the Emergency Department is relocated to the new building being constructed. In this new location, the Department will increase in total size by about one-third with a larger waiting area, additional examination and holding rooms, and new emergency equipment.

Rebecca Long, R.N., the manager of the Emergency Department, comments on the effectiveness of St. Luke’s Emergency Services:

“It is gratifying to see a system that works so well. We are a team and everyone knows what part to play. When a patient comes into the Emergency Department, everyone galvanizes into action. The injured or sick person becomes the object of everyone’s total focus and energies. All we think about is saving that person. Emergency Department staff members have learned to separate the job that has to be done from the obvious emotional impact of what’s happening to a person like Allison.

“The typical case may start with a phone call. An ambulance is on the way. A room is then prepared and a nursing team and physician are alerted. Depending on the reported condition of the patient, every necessary service is readied. In a crisis situation, we usually have at least eight people paying complete attention to the patient.

“An important part of the St. Luke’s Emergency Department is the family interaction. We try to bring the family into what’s happening as much as possible.

“...and we keep training our staff members. We have an Emergency Department Education Coordinator and work closely with an expert in crisis counseling.

“One of the great challenges of working in the Emergency Department is the great variety of cases we see. During one day, we may deal with several cardiac cases, a digestive disorder, a head injury, some rather minor cuts and broken bones, and then deliver a baby! There is great satisfaction involved in emergency work when your efforts to save a life pay off.”

Dr. John Whitcomb, medical director of the Emergency Department, characterizes his work as being similar to that of a detective:

“Many times, deciding how to help a patient is like putting together a complex jigsaw puzzle. You have some of the pieces in front of you but not necessarily everything. The patient may not be able to tell you what’s going on. There may or may not be witnesses. The family may not give you complete information. Despite all this, you have to make a quick decision about treatment. We usually have only one opportunity — but it’s an opportunity to make all the difference. I feel very fortunate to be at St. Luke’s because I always know I have a team of exceptional staff members working to help save a patient.”
Who’s Who at St. Luke’s Foundation

St. Luke’s Medical Center/Foundation has recently been reorganized. The three people who operate the Foundation are introduced on these pages.

LAVERNE SCHMIDT recently was appointed to the position of Annual Giving Director with the responsibility of developing the annual giving program. Laverne has worked in the development office for fifteen years. She says, “I have really seen the department change since I started as a temporary employee. In particular, I’ve seen the numbers of donors increase over the years.”

“I look forward to my new challenges and responsibilities because I know annual giving is so important — it’s the basis of all philanthropy in a development program. With this new publication we hope to keep donors informed about what’s happening at St. Luke’s so they will realize the impact their philanthropic support has. We’re also trying to raise the level of awareness about the importance of development among employees as well as donors.

“My job is very satisfying. I like the personal contact I have with donors. Through the years I’ve had the opportunity to get to know some of the donors very well. It’s gratifying that donors feel so good about supporting St. Luke’s.”

JUDI FELLOWS is new to the Foundation, though she has worked at St. Luke’s for over fifteen years in a variety of positions. Consequently, she brings much knowledge about the hospital to her new position which is very helpful when dealing with donors. As the Foundation’s Administrative Secretary, she is frequently the first line contact donors have with the Foundation.

She says, “I began to realize how rewarding the development area is when I worked with the people from the Vince Lombardi Memorial Classic which helps support the Vince Lombardi Cancer Clinic and cancer research at St. Luke’s. The Classic is ‘people helping people.’ There I learned the phenomenal commitment it takes to raise money to help other people. I’m really looking forward to being involved with donors and growing with this department.”
Brad Holmes took the position of vice president of the St. Luke's Medical Center/Foundation early this year. Previously, he was vice president of development at Keystone Health Systems and Delco Memorial Foundation in Philadelphia, where he was responsible for building a total gift and bequest program for a subsidiary hospital.

Brad has been working in philanthropy for eleven years and is a Fellow in the National Association for Hospital Development (NAHD), which is the highest level of accreditation in the hospital development field.

Brad’s goals in his new position are clear. He emphasizes, “My mission at St. Luke’s is to take the existing Foundation program to the next level of philanthropy and to implement detailed and effective annual and planned/deferred giving programs.

“I have the highest respect for the donor base already established at St. Luke’s and I want to assure our donors that their financial support is being used effectively. It’s a fact that people give to a cause they believe in. We want to keep donors aware of the exciting developments at St. Luke’s. St. Luke’s is thriving. It is a winning organization. Donors need to know their dollars support a successful operation and that we depend on them to keep our programs going.

“Basically, my goal is to increase giving to St. Luke’s and to educate donors about why their giving is so important. Donors also should be aware of the value of every dollar they give. For instance, national experts indicate that one dollar given to a hospital is equal to approximately $40 or $50 generated by a patient fee.

“There is a tremendous opportunity at St. Luke’s for the Foundation to grow and for the community to show its support. It’s very satisfying to know that we are raising funds for an institution with the high quality and excellence found at St. Luke’s.

“We are pleased to provide this new publication and are interested in your reactions. Please let us know if you have any comments or suggestions.”

—I Brad Holmes
Philanthropy benefits both St. Luke’s and donors

St. Luke’s Medical Center is known for its commitment to excellence in health care and its dedication to the advancement of the most up-to-date medical developments. We have earned our reputation by providing the highest quality health and patient care at the lowest possible cost to all who come through our doors.

St. Luke’s Medical Center/Foundation supports these efforts by working to develop an expanded base of support for the hospital. The Foundation is the key vehicle for the planning and development that will ensure St. Luke’s continuation into the 21st century as a caring and progressive health care institution.

Many important programs and services would not be possible without the generous support from donors and friends of St. Luke’s — people who have given time and money through the years to help the medical center provide the quality patient care that has made St. Luke’s one of the most outstanding medical institutions in the nation.

Through a program of carefully planned activities, the Foundation seeks out philanthropic support from all those who recognize the contributions St. Luke’s makes daily to the community — concerned citizens, former patients, businesses, corporations, and foundations. Their gifts help provide new equipment, start new programs and services, and meet the ongoing capital needs of the hospital.

The Foundation’s philanthropic programs have been designed to provide a means for continued excellence in health care. The Foundation offers a number of giving programs, each one allowing the donor to make a significant contribution as a logical part of financial and estate planning. While they obviously play an essential role in the development of St. Luke’s Medical Center, donors also can benefit by reducing their taxes, and through certain planned gifts, increasing their income.

One purpose of this newly designed publication is to educate our readers about giving opportunities. In future issues, we will discuss the various individual giving programs available — ways of giving that will, either now or in the future, benefit both St. Luke’s Medical Center and its patients, friends, and donors. Because charitable gifts come in a variety of forms, we want to provide this information to you. You will learn about specific methods for obtaining multiple tax benefits through charitable financial planning and at the same time experience the satisfaction of knowing that your gift has had a significant impact on St. Luke’s ability to provide “excellence in health care.”

Another important goal of this publication is to recognize the many donors who continue to support St. Luke’s through their gifts. In great part, it is because of these gifts that St. Luke’s has become the successful medical center it is today.
The following contributors to St. Luke's Medical Center are a very special group of people with a common spirit of helpfulness and concern for mankind. St. Luke's extends a heartfelt "thank you" to all those who through their gifts have supported our mission.

Classifications:

Benefactor gifts begin at $5,000
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"I look upon philanthropy as an investment."
—John D. Rockefeller III

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