



Divine Mercy Care

Transforming Hearts Through Healthcare™

Winter 2017 News

Introduction

- The Vision, Mission, and Eight Programs of Divine Mercy Care
- Volunteer for Divine Mercy Care

Fundraising Updates

- Gala Report
- Campaign for Mercy Update: Remaining Rooms and Totals Update

Serve

- Dr. Anderson Reflects on Her 20th Anniversary at Tepeyac
- Guest Writer Featurette: Tepeyac is Intentionally Different
- Mother of Mercy Free Clinic Opens, Partners with DMC and Tepeyac

Inspire

- Media Updates
- Madame Lejeune Event: Video Now Available and Guest Writer Featurette: Reflections on Jerome Lejeune's Legacy

Unify

- AAA Women for Choice Closing, Becoming First Divine Mercy Care Endowment Fund

...they were there, the days were accomplished that she should deliver. And she brought forth a firstborn son, and wrapped him in swaddling clothes, and laid him in a manger, because there was no room for him in the inn.

The Birth of Jesus

Jesus P



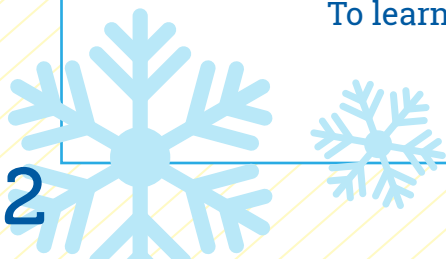
The Vision, Mission, and Eight Programs of Divine Mercy Care

- Divine Mercy Care is a non-profit that advances pro-life medicine through education and financial support.
- Our vision (and tagline) is transforming hearts through healthcare.
- Our mission is *serv*ing those in need, *ins*piring caregivers and medical professionals, and *un*ifying the pro-life movement.
- Our SERVE Programs:
 - Tepeyac OB/GYN, which is a pro-life medical practice and our primary program
 - Infant Gift Baskets
 - Perinatal Hospice and Infant Loss Support
- Our INSPIRE Programs:
 - Pro-Life Education and Outreach
 - Medical Education and Outreach
 - Aslan's Army Church Education and Outreach
- Our UNIFY Programs:
 - Local Pro-Life Unification
 - National Pro-Life Unification

Volunteer for Divine Mercy Care

- Contribute a guest featurette to the newsletter
- Become a program liaison and focus on assisting one of our eight programs
- Become an Aslan's Army volunteer by connecting us with your local church
- Host a dinner party to introduce DMC to friends
- Join one of our event planning committees for the educational lectures, memorial service, and the Gala

To learn more about our programs or volunteer, contact us at info@divinemercycare.org



Fundraising Update: Successful Gala and Campaign for Mercy

This year's Gala raised a grand total of over \$249,700, over \$20,000 more than last year's Gala!

Watch Video of the Gala...



View pictures from the Gala here...



One Million Dollar Goal

Already Raised \$838,397

(Totals as of 12.18.17)



Just a few more months remain of our Campaign for Mercy! Please send in your donation today of any amount, or contact us if you are considering a naming opportunity, which can be a pledge fulfilled over 2-3 years. Family and friends are welcome to sponsor a room together.

SERVE

Dr. Anderson's 20th Anniversary at

On the date of Dr. Marie Anderson's 20th anniversary as a Tepeyac doctor, we sandwiched a small in-office celebration of that event in between appointments. Later, we persuaded her to be interviewed on her impressions of those years at Tepeyac. Now we're pleased to share the results of that interview with the friends of Tepeyac and Divine Mercy Care.

Interviewer: *How were you approached to join the young-but-established practice that was Tepeyac? What persuaded you to say "yes"?*



Dr. Anderson: The simple answer is that my parish priest recommended I meet Dr. Bruchalski. The complete answer is far more complicated. Due to pressures and challenges that at the time I believed were beyond my control, I had been away from the Church during my residency in OB/GYN. To me it was impossible to be a practicing Catholic in that field. Now, I realize that with God, all

things are possible, including the resolution of my lack of faith. As the story unfolds, I completed my residency and interviewed for my first job. I told my prospective employer that I believed abortion was wrong and I would not perform that procedure, but I didn't want to stop others from doing what they believed to be right. The doctor agreed that would be the scope of my practice. I accepted her offer for employment. Soon the difficulties began. Her definition of abortion and mine were different. The differences had to do with the phrase "incompatible with life." She expected me to end the life of any baby that had a poor prenatal diagnosis that she believed to be fatal. For a while, I acceded to her demand. But something was not right. I felt guilty. I remember perceiving dark clouds in the depths of my soul. They began in the periphery, but eventually they surfaced front and center. I reached my breaking point, and I walked into the confessional. The priest heard my confession and offered to counsel me later in his office if I wished. Two weeks later I was fired without cause from my pro-choice job. It was then that I went to see that priest again. After a long conversation, he recommended, among other things, that I meet Dr. Bruchalski.

Meanwhile, I returned to weekly Sunday Mass. One day I noticed on the church bulletin board an article in the *Arlington Catholic Herald* that featured Dr. Bruchalski and the Tepeyac Family Center. Right then after Mass, I read the entire article. I was amazed that this man had begun a practice that actually followed the teachings of the Catholic Church. I had never heard of such a thing. I met with him. The meeting was so profound that at its conclusion I asked if he needed an associate. He had just hired someone. The fact is, I had some spiritual growing up to do before I was ready to join Tepeyac.

I found a position in a nominally Catholic practice. Most things went reasonably well for a while. As I grew closer to the Church, I brought my practices into line with Church teaching. But there was one sticking point that I could not resolve. I refused to perform tubal ligations, but when women came in labor in the middle of the night and were scheduled later for repeat cesarean with tubal ligation, they expected me to perform not only the cesarean, but also the tubal ligation. I couldn't do that, and my refusal led to significant issues within the practice. After much prayer, I realized I had defined my professional life by what I did not do rather than what I did. I wanted to make a positive contribution to women's health care rather than a negative one. I wanted to support life, to incorporate NFP into medical care, to counsel abortion-vulnerable women, to support women throughout life from a faith-based perspective. I wanted the Divine Healer to be my model. In short, I was ready to join Tepeyac. I reconnected with Dr. Bruchalski, who told me that since we had last spoken, a position in his practice had become available. He offered me a position and I accepted.

Interviewer: *Can you give us an impression of what your earliest years with the practice were like? Personal challenges? Professional challenges?*

Dr. Anderson: My first day on the job, I hit the ground running. I thought all my problems had been solved. Part of my expectations came true. Part did not. Improving those that were lacking became my immediate contribution to TFC. I organized the chart system, improved quality assurance and implementation, improved communication and developed a call schedule. All the while, I learned everything I could about faith-based medicine. Then I learned to confidently agree to disagree with my

Tepeyac OB/GYN



non-Catholic and fallen-away Catholic friends. I had expected them to shun me. On the contrary, they seemed to respect me for adhering to my strongly held beliefs. Recently, I completed my tenure as OB/GYN Department Chair at INOVA Fair Oaks Hospital. In my estimation, my having held that position is confirmation that the OB/GYNs there respect my adhering to my conscience, and also my professional development.

Interviewer: *Can you point to a time or an event that marked your beginning to feel thoroughly at home as a Tepeyac physician?*

Dr. Anderson: I felt thoroughly at home at Tepeyac when my 25-year-old daughter suffered a fatal motor vehicle accident. It was shocking to have just seen her a few days before the accident and then to learn she had died at the scene. My faith is what sustained me through those terrible times. I experienced tremendous support from Dr. Bruchalski, the Tepeyac staff and patients. It amazed me that so many priests celebrated her funeral Mass and that so many Tepeyac staff and patients attended it. That is when I knew I had found my forever practice.

Interviewer: *What were your highest and lowest moments providing pro-life health care as a Tepeyac doctor?*

Dr. Anderson: My delight is caring for pregnant women during pregnancy, helping them to birth their babies and caring for them afterwards. I cannot describe the joy I experience as I help usher God's children into His world. Simply stated, it is my passion. Daily, I try to emulate Mary as she helped Elizabeth during her pregnancy and St. John the Baptist's birth. She inspires me and is my role model.

My greatest challenge has come not from the religious world, but from traditional medicine. That challenge has been the implementation of electronic medical records. It is difficult for any healthcare provider to keep the patient at the center of the medical experience when there is typing to do. Given the importance we at Tepeyac place on treating the whole person – body, soul, and spirit, it is even more important for us to maintain the personal connection while entering data. It is a challenge to do so, and it is our priority.

Interviewer: *What kind(s) of growth as a physician have you realized through your work at Tepeyac?*

Dr. Anderson: When I completed my residency, I became board certified. At the time, board certification was good for the entirety of professional life. Since that time, the guidelines have changed dramatically. Currently, our certification process is ongoing; granting of hospital-based procedure privileges requires demonstration of competence; and certification of ability to perform new procedures requires continuing medical education and proctoring. I have continued to update my skills by learning about many advanced surgical techniques and new equipment. It is my firm belief that physicians must remain current in their field no matter what their beliefs. Additionally, we at Tepeyac help not only each other, but also outside students to integrate our faith into providing excellent healthcare for women.

Interviewer: *What would you consider to be your legacy to Tepeyac and what do you consider to be its lasting gift to you?*

Dr. Anderson: Without question, I consider my legacy to be the initiation of the Kristen Anderson Perinatal Hospice. It was out of my pain, suffering and despair that I was blessed to develop the program. Very soon in my grief for the death of my daughter, I realized my faith in God would get me through the life-altering challenge. My experience highlighted the fact that life is 100% terminal. Each of us will die someday. What really matters is our contribution to the other people of this world, not how long we spend here. God gives each of us gifts which He expects us to share. He gave me the gift of peace, and I am to pass that peace on to others who are walking the difficult path that I once walked. My role is to mentor those who are coming after me. It is my joy to combine my spirituality with my professional training to help each person live the Gospel of Life in his or her own medical care. Tepeyac has taught me to do this, and that is Tepeyac's gift to me.

Interviewer: *Let there be no mistake... we value and love our Dr. Anderson, and we are hoping she'll remain as one of Tepeyac's treasured providers for many more years!*



SERVE

Guest Writer Featurette: Tepeyac is

By Burman Skrable

In early 1994 Dr. John Bruchalski moved to Fairfax, VA, intending to set up his own OB-GYN practice. He called it Tepeyac, after the hill where the Virgin Mary appeared to the humble Indian Juan Diego, and where Dr. Bruchalski had received his interior call to become a pro-life physician. His practice began modestly. For about nine years he worked alone--initially out of his house, later in office space borrowed from two doctors until some priests and families loaned him enough money to rent his own office. Twenty-three years later, Tepeyac comprises five OB-GYNs, all dedicated to Dr. Bruchalski's original philosophy and vision. That vision is a fully Catholic OB-GYN practice, applying the most up-to-date medical technology and technique in ways that are fully faithful to the teachings of the Church and natural law regarding the nature of the human person and his relationships. Although it functions within the overall contemporary structure of medical care and payment practice, Tepeyac rejects most of the operational, economic, philosophical, and anthropological assumptions that underlie modern medical and economic practice. Below we illustrate the Tepeyac difference according to three main defining dimensions: the view of the nature of man; medical practice; and the medical care system. It is readily seen that Dr. Bruchalski's approach to medical service stands in stark contrast with today's predominant approaches. The presentation intentionally lacks nuance to focus briefly on essential points and heighten the contrast.

Modern Medical Practice.

In the modern Western view, mankind is a collection of autonomous (self-ruling) individuals resulting from unplanned, random evolution. Although humans have their spiritual and bodily sides, the real person is the spiritual side: the conscious, spiritual, choosing self. The human person has no nature but what he or she chooses for himself. This true person is essentially a consumer, and as a consumer he owns his body, which is somewhat arbitrarily assigned at birth and is a form of physical machine. The person may thus manipulate his body at will, and is even free to reject it partially (e.g., it's the wrong sex) or completely (suicide). The true person is not by nature a "social animal" but may

choose to be in relationships if this is what pleases him at any given time. In this world of autonomous consumers, the only real virtue is justice: the right to get what one has paid for.

In the Tepeyac View, the person is intentionally created by God in His image, and with a definite nature. This person is as a mind-body-spirit unity designed to thrive in community, within a complex matrix of relationships. As the poet John Donne put it, no man is an island. Humans by nature are embodied creatures; we are our bodies as much as our spirits. The body is designed for a purpose and is not to be manipulated or mutilated; its deficiencies are to be repaired to work properly according to its natural, God-given design. Physical illness is often a symptom of spiritual, emotional, and relationship deficiencies or defects as well as problems within the body. Curing the patient thus involves understanding the whole person, not just the body and its deficiencies.

The Nature of the Human Person.

In the modern Western view, in this world of consumers, medical care is a product just like any other. The consumer-patient should be free to choose whatever he or she wants, and the doctors are seen as one among many vendors. People choose to become doctors for the same reasons they would choose to become any other type of "vendor": this is how their natural skills enable them to make the most money.

Actually, medicine could be seen as an extension of the vending machine: put in your money and out comes your fix. The patient is free to do whatever he or she wants with his body, so medical care is only limited by what is technologically possible—a frontier being pushed out exponentially. Thus, OB-GYNs typically encourage and prescribe contraceptives, perform sterilizations and abortions, and perform or refer for the full range of assisted reproduction procedures (e.g., in vitro fertilization)-- whatever the patient desires. ("Whatever Lola Wants, Lola Gets..." a song from the 1950s musical "Damn Yankees", could have been titled with modern medicine in mind.)

Intentionally Different



If the body is seen as just another machine, the doctor becomes essentially a mechanic. Medical service is on the order of: this is your problem, take this course of medication or undergo procedure X and you're back on the road. Contact between patient and doctor tends to be scanty because once the problem with the "machine" has been diagnosed, the repair should be done quickly and with minimal extraneous contact. The underlying driving assumption is that the doctor is there to diagnose your problem, fix it with medication or surgery, and get you out of the office quickly, never forming much, if any, of a relationship with you and your family. In any case, the relationship is essentially individual consuming patient to individual providing doctor (or practice); the broader community is not involved unless the doctor happens to choose it, and the community is not involved in payments except in the case of socialized medicine.

At Tepeyac, the doctor works to serve others and bring the love of Christ through medicine, not to make a lot of money or become famous. To be a doctor is a form of personal vocation. It is a special calling, and God gives special gifts to enable this way of serving God's people. Because humans are designed for a purpose, proper medical care involves understanding that purpose and working within the design to remedy its deficiencies. The patient is not an autonomous consumer who may redesign his or her body at a whim, and the doctor may not cooperate in such "redesign." Instead, the doctor must cooperate with the Creator's design to help the patients understand that design and work within it, regardless of what modern science has made possible. According to God's design, the continuance of life is accomplished through loving sexual intercourse, which both unifies the couple and is the act of procreation. Neither of these aspects of the procreative process is to be thwarted or bypassed in order to conceive, or avoid the conception of, a child. Promoting health involves promoting and establishing relationships, encouraging patients who have received the doctors' sacrificial love to show that same kind of love to others.

The Medical Care System.

In the modern Western view, medicine is part of the consumer-driven world. The consumer-patient is entitled to buy any services he or she can afford from the vendor-doctor. In typical developed western countries, however, payment for medical services is mediated through various kinds of insurance arrangements. Most of these are not insurance in the classic sense, like auto or homeowner. Instead, they are essentially packages that combine liability coverage in the case of well-defined, very low-probability, high-cost medical events with what amounts to a form of prepayment for medical treatment. In the U.S. "free market" or "mixed insurance" model, such insurance can be bought from numerous insurers and can have a variety of characteristics, some of which closely resemble traditional liability or casualty insurance (i.e., "high deductible" plans). In many countries (e.g., Britain and Canada), medical care is socialized; a government agency is the only insurance company. Where medical payment is insurance-based, the services a patient can get depend on having the right insurance or insurance package, and the decisions of the insurer to cover certain procedures. (This is particularly evident in socialized medicine systems, which emphasize preventive care and "biggest bang for the buck" basic public-health care out of the limited government budget, and thus refuse to provide certain services, especially state-of-the-art care for certain diseases or services to people past their life expectancy.) In the U.S., many if not most doctors who take insurances severely limit the insurances they take. Some take no insurances, only direct payments, and refuse to see patients who cannot pay or who do not have the proper insurance.

Tepeyac works within the insurance-based medical payment system, but refuses to be bound by it. Tepeyac sees the patient as deserving to receive medical care because she is a person, not because she can pay a fee or has the requisite insurance. She deserves the best quality of care the doctor can deliver because

SERVE continued....

love always tries to deliver the best. Further, every community comprises the well-off and the not-so-well-off. In the Christian vision, all members with the gift of abundance are responsible for helping with the care of the poor members. Because their special gifts typically result in their ability to earn above-average incomes, doctors have a responsibility to be open to seeing and caring for the poor in their “own backyard,” in their own communities. But the responsibility is not theirs alone. All who have an abundance should be willing to help doctors care for poor patients so that the burden of meeting the medical needs of the poor in their community is shared equitably. Divine Mercy Care strives to build and sustain a community structure in which the wealthier regularly contribute to the care of the poorer members as far as OB-GYN care and related matters are concerned.

Burman Skrable is a devoted donor and volunteer to Divine Mercy Care. His daughter (pictured here with her family) is a patient of Tepeyac OB/GYN. Burman has recently served on the Campaign for Mercy Committee and is also on the team preparing celebrations of Tepeyac's 25th anniversary in 2019. We are delighted to feature his writing skills in our winter newsletter, and are very appreciative of his clear explanation of why Tepeyac is unique and vital in the revival of faithful and life-affirming healthcare.



SERVE Mother of Mercy Free Clinic Opens, Partners with DMC and Tepeyac

Many of you have heard the wonderful news that Catholic Charities of the Diocese of Arlington is opening a new free clinic. It will serve the population of Manassas and Prince William County as the Mother of Mercy Free Medical Clinic. According to their webpage, "The Mother of Mercy Free Medical Clinic provides appointments for annual physicals, disease management, sick visits, health classes, and referral to medical services including referrals to other Catholic Charities services. We do NOT offer OB /GYN care... at this time." It is that last phrase that necessitated a beautiful partnership between Tepeyac, Divine Mercy Care, and the Mother of Mercy Free Medical Clinic. It doesn't provide pre-natal care, but Tepeyac does! Divine Mercy Care has entered into a contract directly with Mother of Mercy Medical Clinic to underwrite the cost of pre-natal care for one Mercy Medical Clinic patient every month – and to sponsor her all the way through her pregnancy. That's up to 12 women sponsored each year!

This will be a new category of support for women in need. In this case, Divine Mercy Care will function almost like the insurance company for this woman and be "billed" by Tepeyac. We are excited to try this new model, and hope to be able to share with you stories of women touched by the partnership with Mother of Mercy Free Medical Clinic. The existing methods of support for Tepeyac patients in need are Medicaid (which so many mainstream OB/GYNs

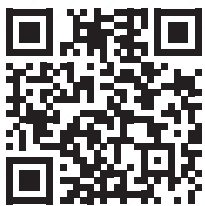
no longer accept), MERCY (a sliding scale discount program), and Pregnancy Center Partnerships (when local pregnancy centers contribute towards a woman's care up to a certain dollar portion). Medicaid doesn't reimburse at full amounts, the shortfall from MERCY discounts is felt at Tepeyac, and pregnancy center stipends rarely cover the full cost of care. Thus, Divine Mercy Care's financial support to Tepeyac, among other things, helps cover the shortage due to this charity care. By DMC sponsoring a Mercy Medical Clinic Patient, Tepeyac does not have to worry about any additional costs, and can focus on serving the women before them.

We are absolutely delighted that Catholic Charities is opening this clinic at the site of a former abortion clinic, making our pro-life partnership all the more significant. Your donations to Divine Mercy Care are vital to helping us fulfill this new commitment, which we made in faith that donors like you will come through for us and for these moms! Please consider increasing your support due to this new need. It seems even more appropriate at Christmas that we are making room for more at Tepeyac.

Thank You,



Development Coordinator



Inspire: Media Updates

View More at Divinemercycare.org/media

Recent Media Coverage:

- Local Doula Praises Tepeyac
- CNA Quotes Dr. B on the Abortion Pill
- LifeNews.com: Dr. Bruchalski to Speak at West Coast Walk for Life
- Arlington Catholic Herald: Dr. Bruchalski Speaks at New Eve Maternity Home Fundraiser

New YouTube Videos Released:

- A Patient Joins the Tepeyac Staff
- Patient's Share: Tepeyac is Home to Excellent Medicine
- Starting a Movement, Exporting a Vision
- Donors Share the Impact of Giving
- Tepeyac's Business Model is Based on Eternal Value
- DMC Volunteers Share the Rewards of Giving Time
- DMC Believes Women Deserve Better Healthcare



INSPIRE

Madame Lejeune Lecture

By Joe Grimberg

Video Now Available and Guest Writer Featurette: Reflection on Jerome Lejeune's Legacy

Dr. Lejeune's main emphasis was on treating his patients with dignity. He referred to them as his brothers and sisters. His goal wasn't just to eradicate a disease but to treat the whole human person.

During the 1950s in France, if a parent had a child with Down syndrome it was basically seen as a curse, so the parents were ashamed to take their children out. Dr. Lejeune encouraged these parents to be proud of their children and take them out in public. By working with these children, he noticed that they had a special gift

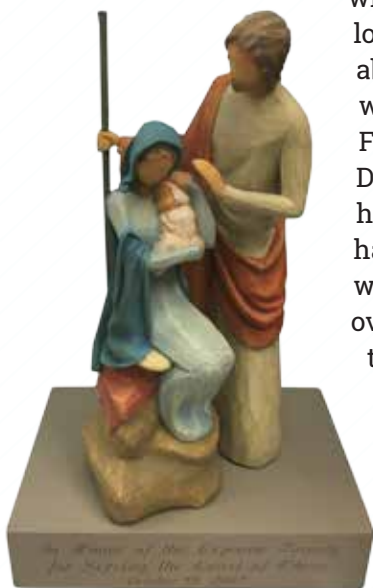
which is the gift of unconditional love for everyone. Also, he was able to detect little abnormalities which were often overlooked. For instance, children with Down syndrome have different handprints (the lines in the hands go straight across). He was able to help Down children overcome the weaker muscles in the mouth and tongue which is prevalent in Down syndrome.

Eventually, he had a breakthrough and was able to pinpoint what exactly caused Down syndrome. Lejeune discovered that these children had an extra chromosome. Obviously, the medical community was really excited about this discovery. Unfortunately, their goal was very different from

including his money for research. However, despite this setback Lejeune persevered and was able to find individuals who had his same vision to care for these children.



Video of Madame Lejeune's Full Lecture is Now Available on our YouTube Channel



We honored Madame Lejeune with this Holy Family keepsake gift "In Honor of the Lejeune Family for their Service to the Least of These"

Dr. Lejeune's. Their goal was not to treat the children but to try come up with a prenatal test to eliminate these children. Lejeune spoke out against this practice and was viciously vilified by the medical community and basically lost everything



Eventually, they were able to set up a foundation in order to care for these individuals with Down syndrome. Their goal was to fund research and ongoing treatment for those affected by Down syndrome. At first, they were not getting a lot of donations but then the money started to come in and now it has become one of the biggest foundations

in France. Madame Lejeune commented that they did have a presence in the United States but her goal was to have a bigger footprint in United States. I believe we can help her achieve her goal by our prayerful support and, if possible, our financial contributions.

Joe Grimberg is a pro-life writer and activist. You can read his full story in DMC's August 2016 newsletter at divinemercycare.org/newsletter-archive/.





AAA Women for Choice Closing, Becoming First Divine Mercy Care Endowment Fund

Many of you know that Tepeyac has a long history of working with pregnancy centers, accepting as patients the women who have chosen life. In fact it's one of the most important and revolutionary contributions to the pro-life movement that Tepeyac is able to provide pre-natal care as the next natural step after a visit to a Pregnancy Help Center.

Some centers in the local area have seen this as such an advantage for their patients that they have used portions of their raised funds to contribute towards their clients' medical care. Between this contribution from the pregnancy center and Divine Mercy Care's funding of Tepeyac, so many women that begin as abortion-minded are able to happily deliver healthy babies.

One center that has been among the greatest participants in this partnership program has been AAA Women for Choice in Manassas. In recognition for this, Dr. Bruchalski honored their director Pat Lohman with the 2017 Divine Mercy Care award at the November Gala. Due to Pat's retirement and the closure of the nearby abortion clinic (resulting in decreased clientele

at the pregnancy center), AAA Women for Choice has made the decision to close its doors. Though we are sad to see this partnership end, we are extremely pleased to be entering into a new kind of partnership. AAA is asking their donors to now contribute to an endowment fund to benefit Divine Mercy Care. This fund, starting January 1st, will be the perfect way for AAA donors to honor Pat's legacy and continue life-saving work in a different way.

Pat has been a true friend to our doctors and to every woman that God placed in her path. We will miss seeing her in action but are so grateful for her generous support. Through this fund, the work and impact of AAA Women for Choice will, in a sense, continue in perpetuity.





Transforming Hearts Through Healthcare™

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Find us on social media!



Ways to Give to Divine Mercy Care

Mail a Check: 4001 Fair Ridge Dr. Suite 305 Fairfax, VA, 22033

Give Online: divinemercycare.org

Consider Becoming a Merciful Monthly Donor through Automatic Check: Contact your bank to set up a donation to our mission.

Wire Transfer: To wire funds directly to Divine Mercy Care, contact us at info@divinemercycare.org for bank information.

Stocks, Bonds, or Securities: Your stockbroker can wire shares to Divine Mercy Care's account at the Reston, VA office of Morgan Stanley. Inform Divine Mercy Care via fax (703-934-2187), mail, or email William Waldron, Executive Director, at wwaldron@divinemercycare.org. Your broker will need the account number, DTC Number, broker's name, telephone number and Fed. I.D.#.

IRA Charitable Rollover: If you are a U.S. taxpayer and at least 70 1/2 years of age, you may make gifts to DMC from your IRA without having to count those funds as part of your adjusted gross income. Consequently, you do not have to pay taxes on the donated amount. Distributions must be made directly from the IRA trustee to Divine Mercy Care, and the individual maximum is \$100,000 per calendar year. For more information, please contact William Waldron, Executive Director, at wwaldron@divinemercycare.org or 703-934-5552.

Planned Gift or Bequest: Planned gifts may consist of cash, securities, life insurance proceeds, real estate, and/or personal property. To discuss your gift, please contact William Waldron, Executive Director, at wwaldron@divinemercycare.org or 703-934-5552

Happy
New
Year
2018