

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>5-16-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000384</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



GREENVILLE
HEALTH SYSTEM

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MAY 14 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Michael C. Riordan
President & CEO

701 Grove Road
Greenville, SC 29605
(864) 455-7978 P
(864) 455-6400 F
ghs.org

May 8, 2014

Mr. Anthony E. Keck
South Carolina Department of Health and Human Services
Office of Health Improvement
PO Box 8206
Columbia, SC 29202-8206

Dear Mr. Keck:

On behalf of Greenville Health System (GHS) it is my pleasure to accept your gift to the CenteringPregnancy® Program Expansion. This acknowledgement accounts for 3 transfers totaling \$80,378.00. These funds will support the integration of CenteringPregnancy® into women's healthcare practices, led by Amy Picklesimer, MD.

On behalf of GHS' trustees and administration, I extend our deepest appreciation to your agency for this gift. We are grateful for this investment in our vision to *transform health care for the benefit of the people and communities we serve*. We promise to be good stewards of your gift and utilize it to accomplish our shared goals.

Sincerely,

Thank you
Michael C. Riordan

Michael C. Riordan

P.S. You did not receive any goods or services for your gift. Please retain this document in your records as a receipt to support a charitable deduction that you may claim.



**GREENVILLE
HEALTH SYSTEM**

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Greenville, SC 29605

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Columbia, SC 29202-8206

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