

The Annual Fund



Excellence in Health Care Is Built on
Compassion and Generosity



WINTER HAVEN HOSPITAL
FOUNDATION

Please
Place
Stamp
Here

Winter Haven Hospital Foundation
200 Ave. F N.E.
Winter Haven, FL 33881

The Winter Haven Hospital Foundation Annual Fund provides philanthropic support to patients cared for by Winter Haven Hospital's Bostick Heart Center, Cassidy Cancer Center, Stroke Center, Women's Hospital and the Center for Urology. In addition, the Annual Fund helps underwrite many other patient care services our not-for-profit, patient-centered organization provides to the community we serve.

Your investment in the Winter Haven Hospital Foundation Annual Fund supports state-of-the-art medical care, cutting-edge technology and equipment, and top quality education and training for Winter Haven Hospital professionals.

Giving Levels:

President's Society \$1,000+
 Advocate Society \$500-\$999
 Century Society \$100-\$499
 100% Society \$1-\$99

Credit Card Charge: Visa MasterCard American Express
 Discover Send me a monthly reminder

Card number: _____ Exp. date: ____/____/____

Total amount to be charged: _____ Security code: _____

Name on card: _____

Cardholder's signature: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email: _____

For more information about the Winter Haven Hospital Foundation Annual Fund: (863) 291-6732 or whhfoundation@baycare.org

Please remember the Winter Haven Hospital Foundation in your will and estate plans. All information is held in strictest confidence. By law, all gifts are eligible for tax deduction. The Winter Haven Hospital Foundation meets all requirements by the Florida Solicitation of Charitable Contributions Act. A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll-free within the state (1-800-435-7532). Registration does not imply endorsement, approval or recommendation by the state. Registration #CH15617. 100 percent of the proceeds of charitable contributions benefit the mission of the Winter Haven Hospital Foundation.

Please accept my enclosed one-time gift of:

\$50 \$100 \$250 \$500 \$1,000

Other \$ _____ Gift Enclosed

Please accept my enclosed ongoing gift of:

\$25 \$50 \$100 Other \$ _____/month

Please consider adding Winter Haven Hospital Foundation to your will or estate plan.

The Foundation is included in my will or estate plan.

Please send me information about including the Foundation in my will or estate plan.

I would like to discuss other charitable gift alternatives such as stock or real estate.

Please utilize my gift to support Winter Haven Hospital's most current and urgent patient care needs.

OR

Designate my gift to:

Bostick Heart Center Cassidy Cancer Center

Winter Haven Women's Hospital

Florida State University College of Medicine Family Medicine Residency Program at Winter Haven Hospital

Winter Haven Hospital Stroke Center

Winter Haven Hospital Center for Behavioral Health/
 Winter Haven Hospital Center for Psychiatry

Winter Haven Hospital Community Blood Center

Winter Haven Hospital Family Health Centers

The Winter Haven Hospital Foundation Fund for the Underinsured

This gift is in memory/in honor of:
