

Yes! I/We would like to honor the special doctors, nurses or Winter Haven Hospital team members who made my WHH care experience special with a tax-deductible gift of: □ \$25 □ \$50 □ \$100 □ \$1,000 □ Other \$_____

Giving levels:

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

Please call me to discuss other charitable gift alternatives.I/We would like to remain anonymous.

My	/Our gift is in: ☐ Honor of ☐ Memory of
Nar	ne(s) of individual(s) to be recognized:
Wir	nter Haven Hospital facility:
Dep	partment/floor:
Rea	son for honoring or memorializing:

Charge my:	Name:
□ Visa □ MasterCard □ American Express □ Discover □ Send me a monthly reminder	Address:
	City:State:Zip:
Card number:	Dhong
Exp. date:/ Total amount to be charged:	Phone:
Security code:	Email:
Name on card:	For more information about the
Cardholder signature:	Winter Haven Hospital Foundation: (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. One hundred percent of the proceeds of charitable contributions benefit the mission of the Winter Haven Hospital Foundation.



WINTER HAVEN HOSPITAL FOUNDATION

Grateful Patient Program



Place Stamp Here

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