



WINTER HAVEN HOSPITAL FOUNDATION

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

Name(s) of individual(s) to be recognized: _____

Winter Haven Hospital facility: _____

Department/floor: _____

Reason for honoring or memorializing: _____

Charge my:

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 signature: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

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



WINTER HAVEN HOSPITAL
FOUNDATION

Grateful Patient
Program



Place
Stamp
Here

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