

**For more information on legacy giving or to notify the Foundation of your charitable intentions, please provide the requested information and return to the Foundation at 200 Avenue F N.E., Winter Haven, FL 33881. Check all that apply.**

I/We am/are interested in establishing a legacy gift benefiting the Winter Haven Hospital Foundation and would like more information about how to establish the charitable provision(s) indicated below.

**OR**

I/We have established a charitable provision as indicated below, benefiting the Winter Haven Hospital Foundation. I/We estimate the present value to be approximately \$\_\_\_\_\_ and have designated the gift to the following area(s) of patient care: \_\_\_\_\_

- Gift in my will (outright)    Gift in my will (surviving spouse)    Charitable gift annuity    Charitable remainder trust or lead trust
- IRA, 401(k) or other retirement/investment account    Life insurance policy    Retained life estate    Real property

**I'd like more information about the following (check all that apply):**

- Joining the *Legacy Society*    Making an unrestricted legacy gift    Foundation naming opportunities
- Making an anonymous legacy gift honoring or memorializing a family member, physician or hospital team member

Area(s) of health care most important to me: \_\_\_\_\_

(Complete the reverse side.)

*Detach here*



**Winter Haven Hospital Foundation**  
200 Ave. F N.E., Winter Haven, FL 33881  
Phone: (863) 291-6732  
Fax: (863) 297-1867

[whhfoundation@baycare.org](mailto:whhfoundation@baycare.org)



**WINTER HAVEN HOSPITAL  
FOUNDATION**

# Legacy Society



*Helping create a legacy of quality  
health care for the communities we serve*



**WINTER HAVEN HOSPITAL  
FOUNDATION**

# The Winter Haven Hospital Foundation *Legacy Society*

Over the years, many Foundation friends have remembered the Winter Haven Hospital Foundation in their wills, trusts and estate plans. All benefactors who make a bequest or an estate provision for the benefit of the Foundation's mission are recognized as members of the *Legacy Society*. Individuals whose provisions total \$100,000 or more are recognized as distinguished members in the *Legacy Society* Chairman's Circle.

Donors who wish to remain anonymous may also qualify for membership by checking this item on the application form.

Beneficiary designations may be created for unrestricted use (e.g., for the Foundation's Annual Fund) or for a designated restricted purpose (e.g., health care specialty, facility or department).

Gifts can be designated to support:

- The Foundation's Annual Fund
- The Foundation's Fund for Women and Children
- The Foundation's Behavioral Health Fund
- The Foundation's Nursing Workforce Development Fund
- The Bostick Heart Center at Winter Haven Hospital
- The Cassidy Cancer Center at Winter Haven Hospital
- The Florida State University College of Medicine Family Medicine Residency Program at Winter Haven Hospital

These gifts allow Foundation friends to name their donation after a loved one or their business, have it carry their own name or honor/memorialize someone they respect.

To be recognized in the *Legacy Society*, provide the Foundation with either a copy of the specific provision that reflects your will, trust or estate commitment for the benefit of the Foundation, or complete and return the attached form.

If you're considering a specific designation for your gift or want to discuss other gift options, Foundation staff can work with you and your advisor to make sure that your wishes are fulfilled.

For more information about the *Legacy Society* and making a planned gift, complete and return the attached form or contact the Foundation directly at (863) 291-6732.

Examples of bequest language can be found on the "Resources" page of the Foundation's website at **WHHFoundation.org**.

Return your completed form to:  
Winter Haven Hospital Foundation  
200 Ave. F N.E., Winter Haven, FL 33881

Detach here

- I/We would like information about making a legacy gift as indicated on the reverse side.
- OR**
- I/We have made a provision for a gift to the Winter Haven Hospital Foundation in my/our estate plan as indicated on the reverse side.
- Include me/us in the Winter Haven Hospital Foundation *Legacy Society*.
- OR**
- I/We prefer to remain anonymous without public recognition.

Name: \_\_\_\_\_

List your name(s) as you'd like them to appear in the *Legacy Society* Honor Roll.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of birth: \_\_\_\_\_

(Complete the reverse side.)

