



*The skill to heal. The spirit to care.*

Support from our community is what really brings the Florida Hospital experience full circle. Generosity and compassion from people like you keep our community thriving. *Thank you for making a difference.* And thank you for enabling us to better serve the community we care so much about.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company \_\_\_\_\_ Spouse Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Gift Amount  \$50  \$150  \$400  \$1000  \$2500  \$5000 \$ \_\_\_\_\_

My gift is for:  The Area of Greatest Need  Altamonte  
 Apopka  Cancer Institute  
 Cardiovascular Institute  Celebration Health  
 Florida Children's Hospital  FH College  
 Diabetes Institute  East Orlando  
 Nicholson Center for Surgical Advancement  Winter Park Memorial Hospital  
 Other, please specify: \_\_\_\_\_

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My gift is  In Honor or  In Memory of: \_\_\_\_\_

Please send notification of my gift to: \_\_\_\_\_

Address: \_\_\_\_\_

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Check payable to Florida Hospital Foundation  Visa/MC or American Express

CC Number: \_\_\_\_\_ Exp. \_\_\_\_\_

**Please mail this form with your gift to:**

Florida Hospital Foundation  
2809 N. Orange Ave.  
Orlando, FL 32804

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Information submitted will not be sold, leased or otherwise disclosed to third parties other than is necessary to complete your transaction or with your expressed permission.

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