

Welcome to the Orlando Health Foundation Heritage Circle!

The Heritage Circle is a giving society of the Orlando Health Foundation recognizing those who have invested in our future with a legacy gift through their will, trust or other estate plan. The meaningful generosity of Heritage Circle members will help provide for the future advancement of facilities, technology and programs while ensuring a lasting legacy of life-saving care for patients and families at Orlando Health. Thank you for believing so strongly in our mission.

The following information will serve as documentation of your wishes to Orlando Health:

CONTACT INFORMATION

Donor Name(s):	
Phone Number: (_) Email:
Street:	
City:	State: Zip:
GIFT INFORMATION	
MY GIFT IS IN THE FO	RM OF:
[] Will Bequest	[] Beneficiary Designation
[] Trust	[] Other:
I WOULD LIKE TO :	
[] Contribute	_% of the gift type selected above, currently valued to be \$
[] Contribute \$	of the gift type selected above
I WOULD LIKE TO SUF	PORT THE FOLLOWING AREA(S):

PLEASE PRINT HOW YOU WOULD LIKE TO BE RECOGNIZED:

[] I would like to remain anonymous

SIGNATURE: ____

THANK YOU FOR YOUR SUPPORT OF ORLANDO HEALTH!

Please send this form to the Office of Planned Giving: Orlando Health Foundation Attn: Heritage Circle, 3160 Southgate Commerce Blvd., Suite 50, Orlando, FL 32806 Tiffany.Collier@OrlandoHealth.com