

# ORLANDO HEALTH<sup>®</sup>

DONATION FORM

## Foundation

### I WOULD LIKE TO MAKE A LASTING IMPACT IN THE AMOUNT OF:

\$500    \$250    \$100    \$50    \$25    Other \$ \_\_\_\_\_

### I WISH TO DIRECT MY GIFT TO:   Orlando Health (Area of Greatest Need)

Orlando Health Orlando Regional Medical Center (ORMC)    Orlando Health Arnold Palmer Hospital for Children    Orlando Health Winnie Palmer Hospital for Women & Babies

The Howard Phillips Center for Children & Families    Orlando Health UF Health Cancer Center    Orlando Health Dr. P. Phillips Hospital

Orlando Health - Health Central Hospital    Orlando Health South Seminole Hospital    Hubbard House    Cynthia C. & William E. Perry Pavilion

Please provide me with more information on a provision in my will or estate plan for Orlando Health Foundation.

### PAYMENT & CONTACT INFORMATION:   MasterCard   Visa   AMEX   Discover   Check

Please print your name as you wish to be recognized \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Check should be made payable to the *Orlando Health Foundation* or make your secure donation online at [Give.OrlandoHealth.com/OHF](http://Give.OrlandoHealth.com/OHF). We greatly appreciate your support! Thank you.

I would like this gift to be in    honor    memory of \_\_\_\_\_

Please notify the following person of my gift: -OR-    Check here if you wish to remain anonymous

Name \_\_\_\_\_ Relationship (to person being honored) \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

**I hereby authorize Orlando Health Foundation to process payment for the above donation by method of the charge information given.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Please mail to:

Orlando Health Foundation  
3160 Southgate Commerce Blvd., Suite 50  
Orlando, FL 32806

Phone: 321.841.5194   Fax: 407.425.8545

CONTRIBUTIONS TO THE FOUNDATION ARE DEDUCTIBLE FOR INCOME TAX PURPOSES TO THE EXTENT ALLOWED BY LAW. THE FOUNDATION RECOMMENDS THAT YOU CONSULT WITH YOUR TAX ADVISOR CONCERNING ALLOWABLE DEDUCTIONS. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING, TOLL FREE, 800.435.7352 WITHIN THE STATE OF FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE. THE FOUNDATION IS A REGISTERED CHARITABLE ORGANIZATION (CH577).