

*I would like my gift directed to:*

**Area of Greatest Need**

*Or one of the following:*

- Arnold Palmer Medical Center
  - Arnold Palmer Hospital for Children
  - Winnie Palmer Hospital for Women & Babies
  - The Howard Phillips Center for Children & Families
- Orlando Regional Medical Center/Lucerne Hospital
- M. D. Anderson Cancer Center Orlando
  - Cancer Research Institute
- Dr. P. Phillips Hospital
- South Seminole Hospital
- Hospitality Houses
  - Hubbard House
  - Cynthia C. & William E. Perry Pavilion



*Foundation*

PB-1918S-2009



*Foundation*

Gold Level – \$10,000

*Silver Level benefits plus*

*Invitation to the President's Roundtable event*

Silver Level – \$5,000

*Bronze Level benefits plus*

*Invitation to special donor events*

Bronze Level – \$1,000

*Recognition in Orlando Health publications*

*Invitation to speaker series*

*\*10% discount in Orlando Health  
cafeterias and gift shops*

*\*\*Complimentary campus parking*

*\*Some restrictions may apply. \*\*Valet parking NOT included.*

3160 Southgate Commerce Blvd., Ste. 50, Orlando, FL 32806

Thank you for joining the *1918 Society*. Please complete and return this card indicating your generous contribution.

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

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

Please print your name as you would like to be recognized in Orlando Health publications:

\_\_\_\_\_

OR  Check here if you would like to remain anonymous

**Gold Level** - \$10,000 Annually

**Silver Level** - \$5,000 Annually

**Bronze Level** - \$1,000 Annually

Check here if your gift is eligible to be matched by your employer.

#### **Gift Information**

Enclosed is my check for \$\_\_\_\_\_ (*Payable to Orlando Health Foundation*)

You may charge my:  Visa  MasterCard  American Express  Discover

Account Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

One-time gift  Monthly Payments *You will receive a tax-deductible receipt for your donation.*