

# Gift and Pledge Form

## Gift Designation

I am/We are pleased to support the mission of the Winter Haven Hospital Foundation through a gift/pledge of \$\_\_\_\_\_.

This gift is **unrestricted** to the Foundation and may be utilized to support Winter Haven Hospital's most current and urgent patient care needs.

Please designate the gift for the following specific purpose/center/service\*: \_\_\_\_\_  
\*A list of established funds can be found at WHHFoundation.org.

This gift is made in memory/honor of: \_\_\_\_\_

## Pledge

It is my/our intention to fulfill this pledge in equal  monthly  quarterly  semi-annual or  annual installments of \$\_\_\_\_\_ over a period of (*check one*):  1  2  3  4  5 years, beginning \_\_\_\_\_/\_\_\_\_\_(month/year).

Please send pledge reminders in advance of these installment due dates.

## Payment Method

My/Our gift is enclosed. (*Make checks payable to the "Winter Haven Hospital Foundation"*)

Please contact me/us to process this gift commitment by credit card.

I/We wish to make a gift of property  stocks/security  or other asset (*please specify*): \_\_\_\_\_

## Additional Information (*Check all that apply*)

My company offers a match for charitable contributions. The matching gift form is attached.

The Foundation may acknowledge this gift in publications and donor listings.

I/We prefer this gift to be anonymous.

The Foundation is included in my/our will(s) and/or estate/financial plan(s).

I/We would consider naming the Foundation in my/our will(s) and/or other estate/financial plan(s).

## Signature(s)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Signed (*If joint gift*): \_\_\_\_\_ Date: \_\_\_\_\_ Date of birth: \_\_\_\_\_

My/Our name(s) should appear as follows in donor listings or acknowledgements (*please print*):

\_\_\_\_\_

Mailing address: \_\_\_\_\_

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

## Return to:

Winter Haven Hospital Foundation, 200 Ave. F N.E., Winter Haven, FL 33881  
Phone: (863) 291-6732 | Fax: (863) 297-1867 | Email: whhfoundation@baycare.org