



By joining the South Lake Hospital Foundation with your tax-deductible gift, you are investing in the health of our community for life.

___ Yes, I want to join the South Lake Hospital Foundation and help build a healthy hospital and healthy community.

Name: _____

Address: _____

City: _____ State _____ Zip _____

Home/work/cell phone: _____

Email: _____

___ I want to make a one-time gift in support of my community hospital in the amount of \$ _____.

___ I want to pledge a total of \$ _____ payable in (check one)

_____ Annual, or

_____ Quarterly, or

_____ Monthly installments

Billing amount \$ _____ per Year/Quarter/Month.

Please charge my credit card (___ Visa/ ___ MasterCard/ ___ American Express/ ___ Discover)

Name _____

Card number _____

Expiration Date _____ CSC code _____

Signature _____

___ Please contact me about what area I want my gift designated or other ways to give to the South Lake Hospital Foundation.

Detach and return to:

South Lake Hospital Foundation

1935 Don Wickham Drive/Clermont, FL 34711

Donations can also be made online at www.southlakehospital.com, or by calling (352) 394-4071, ext. 4406.

South Lake Hospital and the South Lake Hospital Foundation are recognized as tax exempt organizations under section 501(c)(3) of the Internal Revenue code. "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE: 1-800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE." Registration Number: CH7175.