



Gift-In-Kind Donation Form

Thank you for bringing smiles to our patients and supporting South Lake Hospital. Due to infection control we request that all donated items be new and in original packaging. We cannot accept food, or anything with latex and all items should be clean. Please bring your gift to:

South Lake Hospital – Main Entrance Information Desk
1900 Don Wickham Drive
Clermont, FL 34711

OR to the
Foundation Office (located in the LiveWell Fitness Center at 1935 Don Wickham Drive)

Please print clearly:

This gift is from _____

____ Individual ____ Organization ____ School

Contact name: _____

Address: _____ City _____ State _____

Telephone number and/or email to reach you: _____

Description of gift/donation (please be specific): _____

Estimated dollar value \$ _____

How were these gifts collected? _____

Signature: _____

Special reason for donation? _____

____ Yes you may recognize my gift in publications and in the hospital's social media platforms.