

Phone: (239) 343-6950

Fax: (239) 343-6991

Email: Foundation@LeeMemorial.org

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Here is my gift of:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

My check, made payable to Lee Memorial Health System Foundation, is enclosed.

or

Please bill my credit card (circle one):

American Express, Discover, MasterCard, or Visa

Account # _____ Exp. Date _____

Signature _____

Please use my gift for:

Area of greatest need Other _____

Please send information about giving through wills, charitable trusts, and annuities.

Please complete and mail your donation to:

**Lee Memorial Health System Foundation
P.O. Box 2218
Fort Myers, FL 33902**

***You may also make a donation with a credit card via telephone.
Please call (239) 343-6950.***