

Phone: (239) 985-3550

Fax: (239) 985-3570

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I would like to make a 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:

- | | |
|--|---|
| <input type="checkbox"/> Area of greatest need | <input type="checkbox"/> Children's Hospital |
| <input type="checkbox"/> Acute Stroke Center | <input type="checkbox"/> Barbara's Friends Children's Cancer Fund |
| <input type="checkbox"/> Lee Cancer Care | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lee Cardiac Care | |

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) 985-3550.***