



Broward Health Foundation COVID-19 Relief Fund Contribution Form

Your Name _____	
Company Name (if applicable) _____	
Address _____	
City, State Zip _____	
Email Address: _____	Phone: _____

Enclosed is my gift of \$ _____
Payment method:
<input type="checkbox"/> Check (payable to Broward Health Foundation)
<input type="checkbox"/> Credit Card
Name on Card _____
Account Number _____ Exp. Date _____

100% of donations received will be directed to help our caregivers stay safe and provide high quality care for our patients as new COVID-19 needs emerge.

Please mail form with your contribution to the Broward Health Foundation, 1201 South Andrews Avenue, Fort Lauderdale, FL 33316.

If you have questions or need more information, please call 954-712-3980 or email BHFoundation@browardhealth.org

All donations are tax-deductible.