BROWARD HEALTH FOUNDATION
The Power of One Gift

Yes, I would like to support the Physician Giving Campaign

Enclosed is my gift of $_____ (Annual Gifts of $1,000 or more will be recognized on the 2021 Physicians' Wall of Honor)

Name_____

Address_____

Phone_____ Email_____

Please indicate how you would like your name to appear on the 2021 Physicians' Wall of Honor and in printed materials that recognize your contribution:_____

Tells us how you want your gift directed

- ❒ Broward Health Medical Center
- ❒ Broward Health Coral Springs
- ❒ Salah Foundation Children's Hospital
- ❒ Broward Health Imperial Point
- ❒ Broward Health North
- ❒ Broward Health Foundation
  - ___ Greatest Need
  - ___ COVID-19 Relief Fund
  - ___ Broward Health Employee Relief Fund
- ❒ Other _____

Payment Method:

- ❒ Check enclosed (payable to Broward Health Foundation)
- ❒ Charge my credit card (Visa, MasterCard, American Express or Discover)

Account Number_____ Exp. Date_____

Please return form to the Broward Health Foundation,
1201 S. Andrews Avenue, Fort Lauderdale, FL 33316. Thank you.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION (#CH12239) MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE 1-800-435-7352 OR CONTACTING WWW.FLORIDACONSUMERHELP.COM.
REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.
100% OF YOUR CONTRIBUTION IS RECEIVED BY THE FOUNDATION.