

GIVE FOR THE LIFE OF THE COMMUNITY.



Flagler Health Care
FOUNDATION

FOREVER FLAGLER

Your donation to Flagler Health Care Foundation has a direct impact on the care we can deliver to our families, friends, neighbors, and coworkers, today and in the future.

Your gifts and estate pledges will underwrite and endow new initiatives in: Adolescent Behavioral Health, Telemedicine, Labor and Delivery, NICU, and the Cardiac and Heart Rhythm Center, among others.

Join us in making a bright, healthy future for our community.

Date: _____

Name: _____

Spouse/Partner: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

How would you like your gift to be recognized in our public lists?

Recognition Name: _____

I/We wish to remain anonymous.

.....
 I/We pledge \$_____ to Flagler Health Care Foundation as a gift in support of Forever Flagler.

We offer pledge terms payable through September 30, 2022.

Check enclosed for \$_____ or

Credit Card: MasterCard Visa Discover

Name on Card: _____

Address on Card: _____

Card Number: _____

Expiration: _____

\$_____ balance to be billed as follows: _____

I/We wish to make an estate gift through my/our will and would like an opportunity to discuss this with Flagler Health Care Foundation staff.

We are honored to be trusted as stewards of the many gifts in support of Flagler Hospital and we thank you for your donation.

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Flagler Health Care Foundation is a 501(c)(3) not-for-profit organization. All gifts are tax deductible to the full extent allowed by law.

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Flagler Health Care Foundation, Inc. P.O. Box 860216 St. Augustine, FL 32086