

MIAMI BEACH HEALTH FOUNDATION

DONATION FORM

Please complete the following donation form pertaining to your generous gift.

Yes! I understand the tremendous need for healthcare services for those in our community and I want to support Miami Beach Health Foundation, Inc., in its mission "To raise funding and awareness for Miami Beach Community Health Center and related entities."

Please accept my generous donation of:

_____ \$500 ___ \$1,000 ___ \$2,500 ___ \$5,000 ___ \$10,000 ___ Other: \$ _____

Name: _____

Address: _____ City, State, Zip _____

Phone: _____ E-Mail: _____

_____ I wish this donation to be made on behalf of:

_____ Name

_____ Address

_____ I wish this donation to be made in memory of:

_____ Name

_____ Address

Please make check payable to:

Miami Beach Health Foundation, Inc.
11645 Biscayne Boulevard, Suite 207
North Miami, FL 33181

Attention: Lorraine Valinote

_____ I am interested in discussing Estate Planning and other gifts to the Foundation.

_____ I am interested in a tour of the centers and meeting to discuss other donation levels, including "The Wall of Honor."

_____ I am interested in serving on the Board of Directors of the Foundation.

Miami Beach Health Foundation, Inc. is a registered nonprofit 501(c)(3) Foundation (TIN 65-1110322) whose mission is, "To raise funding and awareness for Miami Beach Community Health Center and related entities."

www.miamibeachhealthfoundation.org