



**ADVANCING THE VISION...
CARE FOR A LIFETIME**

CAMPAIGN FOR CITRUS MEMORIAL HEALTH SYSTEM

352-344-6560

I would like to be an inspiration and make a positive difference in my community:

___ My check (payable to Citrus Memorial Health System)
is enclosed in the amount of \$ _____

___ Please bill my credit card the following amount of \$ _____
___ VISA ___ MasterCard ___ American Express ___ Discover
Card # _____ Exp. Date _____

Signature _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

E-mail _____

OTHER WAYS TO GIVE:

___ My company will match this gift. The grant form is enclosed.

___ I wish to make a non-cash gift (stock, real estate) or discuss
gift annuities or estate planning.

Please contact me at the following phone number:

(_____) _____ - _____

Thank You for Making a Difference.

All gifts are tax deductible to the extent provided by law.

If paying with a check, make check payable to Citrus Memorial Health System.

Mail this Form to:

Citrus Memorial Health System
Attn: Philanthropy Department
502 W. Highland Blvd.
Inverness, FL 34452