

The Villages Regional Hospital Auxiliary, Inc.
The Tree of Life and Love Perpetual Gift Opportunity
****Gift Information Record**** **Date:** _____

To ensure your gift is properly recognized, please complete the information below and return this sheet to The Villages Regional Hospital Auxiliary, Inc. at the address below. Thank you for your support for this very important campaign!!!

Name _____ Home/Bus. Phone _____

Business/Corporation Name _____

Street Address _____ Apt. No. _____

City/Town _____ State _____ Zip _____

Pledge or Gift Level Category:

Associate Gift	\$ 250.00	Ambassador Gift	\$ 5,000.00
Partner Gift	\$ 500.00	Humanitarian Gift	\$10,000.00
Fellow Gift	\$ 1,000.00	Centenarian Gift	\$25,000.00
Diplomat Gift	\$ 2,500.00	Trustee Gift	\$50,000.00

☺ **My Total Gift Commitment is: \$** _____ **and will be funded by:**

Check made payable to The Villages Regional Hospital Auxiliary, Inc. (Memo-Tree of Life & Love)

Charge to my credit card: Visa MasterCard

Card Number _____ Verification Code _____ Card Zip Code _____

Expiration Date _____ Authorized signature _____

Line # 1 _____

Line # 2 _____

Line # 3 _____

Line # 4 _____

Additional lines allowed for gifts above \$5000.

If Gift is in honor or memory of someone, or towards a particular department, please complete this section:

Tribute Type: Honorarium Memorial _____ Department

Tribute Name (person gift is being given in honor or memory of):

Name _____

The Villages Regional Hospital Auxiliary, Inc.

P. O. Box 2132

Lady Lake, Florida 32158-2132

Phone (352) 751-8282

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM FLORIDA DIVISION OF CONSUMER SERVICES BY CALLING 1.800.435.7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Tax ID # 550-81-8419