



Yes! We would like to support the New South Florida Baptist Hospital with the following charitable gift.

☐ My/Our check for the full amount is enclosed: \$ _____
(Please make checks payable to SFBH Foundation)

☐ I/We wish to commit to a pledge of \$ _____ payable over
☐ one year ☐ two years ☐ three years at \$ _____ per year, paid
☐ annually ☐ semi-annually

Beginning in the month(s) of _____, 2026.

Area or Room named _____

Plaque Engraving _____

Donor Name(s) _____
(As you would like it to appear on our donor listing)

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

E-mail Address _____

Signature _____ Date _____

Foundation Signature _____ Date _____

Your gift is tax deductible to the extent allowed by law. You will receive a receipt for tax purposes.

South Florida Baptist Hospital Foundation, Inc.
3198 N. Park Road
Plant City, FL 33563 (813) 757-8478

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING 1-800-HELP-FLA TOLL FREE WITHIN FLORIDA. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.