



**Yes!** We would like to support 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 ☐ four years ☐ five 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.