

The Villages® HEALTH SYSTEM AUXILIARY

The Tree of Life & Love Perpetual Gift Opportunity *Gift Information Record*

To ensure your gift is properly recognized, please complete the information below and return this sheet to The Villages Health System Auxiliary at: PO Box 2132, Lady Lake, FL, 32158-2132.

Name: _____ Date: _____

Phone: (home) _____ (work) _____

Business/Corporation Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Pledge/Gift Level Categories:

Patron Gift	< \$250	Ambassador Gift	\$5,000
Associate Gift	\$250	Humanitarian Gift	\$10,000
Partner Gift	\$500	Centenarian Gift	\$25,000
Fellow Gift	\$1,000	Trustee Gift	\$50,000
Diplomat Gift	\$2,500	Legacy Circle	\$100,000

My total gift commitment is: \$_____ and will be funded by:

- Check made payable to The Villages Hospital Auxiliary, Inc. (memo: "Tree of Life & Love")
 - Charge to my credit card (circle one) Visa MasterCard
- Card Number: _____ Verification Code: _____
 Card Zip Code: _____ Exp. Date: _____
 Authorized Signature: _____

Line # 1: _____

Line # 2: _____

Line # 3: _____

Line # 4: _____

**Additional lines available for gifts above \$5,000*

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

Tribute Type: Honorarium Memorial Department: _____

Tribute Name: _____

Person gift is being given in honor or memory of

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