

# THE LEGACY SOCIETY

In consideration of the many contributions Mid-Florida Medical Services and Winter Haven Hospital make to the quality of life in the Central Florida region, I have made provision for a gift to the Mid-Florida Medical Services Foundation in my estate plan.

Understanding that the Board of Trustees of the Foundation has established **THE LEGACY SOCIETY** to recognize those who have made such a commitment, I am pleased to authorize the Foundation to include me as a member of **THE LEGACY SOCIETY**.

My gift arrangement has been made as follows:

I prefer that you discuss details with my professional advisor  
(Attorney, Certified Public Accountant, Financial Planner)

Bequest in my will

Advisor Name: \_\_\_\_\_

Charitable Remainder Unitrust

Address: \_\_\_\_\_

Charitable Remainder Annuity Trust

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Charitable Gift Annuity

Deferred Charitable Gift Annuity

Charitable Lead Trust

Retained Life Interest Gift

Life Insurance

Other \_\_\_\_\_



Mid-Florida Medical Services  
**Foundation**



The gift is:

Unrestricted (for the most urgent needs of Winter Haven Hospital and Mid-Florida Medical Services)

Designated for: \_\_\_\_\_

Amount of Gift: \_\_\_\_\_

Name(s): \_\_\_\_\_

(Please list as you would like it to appear in the Legacy Society Honor Roll)

I would prefer to remain anonymous and to be listed that way.

Address: \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home ( \_\_\_\_\_ ) \_\_\_\_\_ Office ( \_\_\_\_\_ ) \_\_\_\_\_

Telephone

(Signature) \_\_\_\_\_

(Date) \_\_\_\_\_

Mail or fax completed form to : Mid-Florida Medical Services Foundation  
200 Avenue F, N.E., Winter Haven, Florida 33881 • (863) 291-6732 Fax: (863) 291-6706