

# LAKE TAYLOR

TRANSITIONAL CARE HOSPITAL

Thank you for making a gift to Lake Taylor Transitional Care Hospital. As community contributions grow, we are able to provide more support for the purchase of new equipment and related healthcare programs.

**EVERY GIFT - WHETHER \$1, \$100, \$1000 OR MORE - MAKES A DIFFERENCE.**

Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Alternate Phone No.: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**I WOULD LIKE TO DONATE:**

I would like my donation to be given to the (please specify): \_\_\_\_\_

- Auxiliary
- Volunteer Department

I would like to make my donation in memory or honor of: \_\_\_\_\_

Address to send an acknowledgement of your gift:

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name to be signed on acknowledgement: \_\_\_\_\_

**FORM OF PAYMENT (PLEASE CHECK EITHER ONE):**

- Check (please make checks payable to Lake Taylor Transitional Care Hospital)
- Credit Card (We accept all major credit cards with the exception of American Express)

Credit Card Number: \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PLEASE MAIL THIS FORM BACK TO THE FOLLOWING ADDRESS:**

Lake Taylor Transitional Care Hospital  
Attn: Tammy Ferguson  
1309 Kempsville Road  
Norfolk, VA 23502

**SHOULD YOU HAVE ANY  
QUESTIONS, PLEASE CALL  
757-461-5001, ext. 426**