



**LAKE TAYLOR**  
TRANSITIONAL CARE HOSPITAL  
FOUNDATION

**PLEASE FILL OUT THE FOLLOWING INFORMATION:**

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

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

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

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

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

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

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

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

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

**PLEASE PROVIDE INFORMATION FOR ALL THAT APPLY:**

Please contact me at this number regarding a gift other than cash: ( \_\_\_\_\_ )

I would like to make my contribution in memory or in 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 Foundation)
- 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: \_\_\_\_\_

The LTTCH Foundation is a 501 (c) (3) Organization.

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

Lake Taylor Transitional Care Hospital Attn:  
Lake Taylor Foundation  
1309 Kempsville Road  
Norfolk, VA 23502  
laketaylorfoundation@gmail.com

**SHOULD YOU HAVE ANY  
QUESTIONS, PLEASE CALL  
757-461-5001 x 339**