

Donor Reply Form

I would love to be an Island donor to SanCap Cares to benefit Golisano Children's Hospital as they bring lifesaving mental health and neurosurgery services to the children of our islands and Southwest Florida and to attend the 22nd Annual Island Celebration to be held on Sunday, April 3, 2022 at the Sanctuary Golf Club beginning at 5:00 pm

Name	2		Company		
Addre	ess				
Phone	e		Email		
	Visionary	Ambassador	Benefactor	Champion	Patron
	□ \$20,000	□ \$10,000	□ \$5,000	□ \$2,500	□ \$1,500
	VIP seating for 8 Special Event Gift	VIP seating for 6 Special Event Gift	Seating for 4	Seating for 2	Seating for 2
Please	e list my/our name (or	company) in the Event p	rogram as follows:		
	□ I DO NOT want t	to be listed as a Donor o	n the SanCap Cares w	ebsite and in a Thank Yo	u ad after the event.
		Please make chec	k payable to: Golisano	Children's Hospital	
		For more informat	ion or to pay by credit	card, please contact:	
	L	ee Health Foundation, 2	39-948-0381 or Sanibe	elCaptivaCares@gmail.co	om.

LEE HEALTH FOUNDATION'S STATE REGISTRATION NUMBER IS CH14406. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE OR AT WWW.FLORIDACONSUMERHELP.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.