Donor Reply Form

I would love to be an Island donor to SanCap Cares to benefit Golisano Children's Hospital of Southwest Florida and attend the 21st Annual Island Celebration to be held virtually on Sunday, March 28, 2021.

Name			Company	
Address				
Phone		Email		
Visionary	Ambassador	Benefactor	Champion	Patron
□ \$20,000	□ \$10,000	□ \$5,000	□ \$2,500	□ \$1,500
Tapas for 8	Tapas for 6	Tapas for 4	Tapas for 2	Tapas for 2
Please list my/our name (or company) in the Event	t program as follows:		
☐ I would like to be listed	as Anonymous on the Sa	anCap Cares website and	d in a Thank You ad after	the event.
I regret I am unable to att	end the event. I have en	closed a donation of \$		
This donation is □ in hono	r of or \square in memory of			

See reverse side

An invitation to the 21st Annual Island Celebration with additional details will be mailed in early March.

You will have an opportunity to designate your guests and any special dietary needs at that time.

Please make check payable to: Golisano Children's Hospital.

For more information or to pay by credit card, please contact: Mary Ann Watt, 239-948-0381 or SanibelCaptivaCares@gmail.com or visit www.SanCapCares.org.

The value of the goods received is \$200 per person and is not tax deductible.

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.

SanCap Cares • PO Box 475 • Sanibel, FL 33957 www.SanCapCares.org • 239-948-0381 • SanibelCaptivaCares@gmail.com