

ELC Gift Agreement

As an expression of my desire to participate in the mission of AdventHealth to extend the healing ministry of Christ and to provide high-quality health care to those in need, I/we, _____, am pleased to make a gift of **\$25,000** to AdventHealth Foundation Central Florida in support of **Sponsoring a Scholar at AdventHealth for Children’s West Lakes Early Learning Center**.

We intend to pay this gift to AdventHealth Foundation Central Florida in the following way:

- One Time Donation
Annual Payments of \$5,000
Monthly Payments of \$417

Method of Payment:

- Check
(Please make checks payable to AdventHealth Foundation Central Florida and note “ELC - Sponsor a Scholar” in the memo line. Mail to: 800 North Magnolia Avenue, Sixth Floor, Orlando, FL 32803 Attn: Jennifer McGreevy)
- Credit Card
(Visit AdventHealthforChildren.com/Donate and select West Lakes Early Learning Center in the drop down.)

It is our desire, and AdventHealth hereby agrees, that these funds will be used at the West Lakes Early Learning Center. Our gift represents our strong commitment to the mission of AdventHealth as well as our belief that the health care provided will positively impact the health and wellness of the patients and families in Central Florida.

We understand that AdventHealth will rely on this promise of a gift to **Sponsor a Scholar through AdventHealth for Children’s West Lakes Early Learning Center**, and that the Board of Trustees require this Letter of Intent to conform to standard gift reporting policies.

Any recognition of this gift should appear as:

ACCEPTED AND DATED:

By: _____

By: _____

Date: _____

Date: _____

Please return this form here.



800 North Magnolia Avenue, Suite 600
Orlando, FL 32803