

Organization Name: _____

Contact: _____

Mailing Address: _____

Phone: _____ Email: _____

Please select the areas you are interested in funding:

Events and Programs

- ___ Annual Golf Tournament
- ___ Annual Gala
- ___ Education/Scholarships
- ___ Fund for the Future
- ___ Nancy C. Bruemmer Women's Leadership Council
- ___ Operation Santa/Christmas in July
- ___ Team Member Support
- ___ Third Party Events/In Store Promotions

Other: _____

Hospital Services

- ___ Heart and Vascular
- ___ Infectious Disease
- ___ Cancer
- ___ Transplant
- ___ Burn
- ___ Ear, Nose, & Throat
- ___ Emergency & Trauma
- ___ Integrative Medicine
- ___ Neurology
- ___ Orthopedics
- ___ Palliative Care
- ___ Pediatrics
- ___ Radiology
- ___ Rehabilitation
- ___ Women's Health

Other: _____

I am considering support at the following level(s)*:

- ___ \$500,000 and above
- ___ \$250,000 - \$499,999
- ___ \$100,000 - \$249,999
- ___ \$50,000 - \$99,999
- ___ \$25,000 - \$49,999

*Certain gifts may be able to be paid over a number of years

Questions?

Call Haley Miller at
(813) 844-7572.

**Please email completed form
to cpp@tgh.org**