

# Options for Giving:

As a 501(c)(3) organization, The Watson Clinic Foundation, Inc., relies on generous donations to continue important work within the community. Please consider one of the following options if you would like to contribute to our mission:

- **Charitable Gift Annuities & Charitable Remainder Trusts** – Both of these excellent options function as a gift to the Foundation that pays you back. A gift annuity is a contract between yourself and the Foundation where your donation of cash or securities is paid out to you or a beneficiary over time.
- **Life Insurance** – This flexible financial tool can be used to give back to your community, whether you name the Watson Clinic Foundation as a beneficiary on your policy, or open a new policy exclusively for this purpose.
- **Pooled Income Funds** – If you are interested in a charitable giving program that combines the tax advantages of charitable giving with the benefits of a lifetime income stream for up to two beneficiaries, which can include you, this is an investment vehicle for you to consider. Talk with your tax advisor for more details on how this can help you and the Watson Clinic Foundation.
- **Wills & Bequests** – One of the most convenient forms of charitable donation, you may bequeath cash, personal property or real estate to the Watson Clinic Foundation via your will.
- **Make a Donation** – You can donate to the Foundation's efforts by submitting a charitable donation through check or credit card. For your convenience, we've attached a response card designed to make this option possible. We appreciate your consideration.

A COPY OF OUR OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. ALL CONTRIBUTIONS GO TO FURTHER THE MISSION OF THE WATSON CLINIC FOUNDATION, REGISTRATION #CH5819

# Donations

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Amount of Gift: \$ \_\_\_\_\_

Credit Card Info:

AmEx       MasterCard       VISA

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Signature \_\_\_\_\_

## Memorial/Honor Gifts

If you would like your gift to be in memory of a loved one or in their honor, please complete the following information:

Name of Person \_\_\_\_\_

This gift is a:

Memorial Gift       Honor Gift

Please notify this person of my gift:

No       Yes

If yes:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please complete the information and return to:

**Watson Clinic Foundation**  
**2901 W. Memorial Blvd.**  
**Lakeland, FL 33815**

You may also call the Foundation if you have any questions or concerns at **863-904-2656**.