



In support of 626 Gives to go towards the Neonatal Intensive Care Unit at Broward Health Medical Center, I/we pledge the sum of:

\$ _____, to be donated.

Pledge made by:

Name: _____

E-Mail: _____

Address: _____

City, State, Zip: _____

Signature: _____

Date: _____ Phone: _____

Payment Options:

- Credit Card

Card Number: _____

Card Type: _____ Exp. Date: _____

Billing Address: _____

Signature: _____

- Check (Checks should be made payable to Broward Health Foundation and include "626 Gives" in the memo line)

Please email completed form to michael.fischer@weare626.com

or mail to:

Attn: Michael Fischer
626 Holdings Inc.
1395 NW 17th Avenue, Suites 113 & 114
Delray Beach, FL 33445