



## Giving Circle Application

Please allow two weeks notice on all Giving Circle requests.

### Basic Information

Event/Project Name:

Event/Project Date:

Time Range:

Location:

Address:

Contact:

Phone #:

Email:

### Event Details

Please provide any additional details about your event or project below:

Event Overview:

Would you like to request a hospital representative? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you like to host an auction at your event? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide information:

What inspired you to start a Giving Circle?

### Event Proceeds Information

#### Gift Designation

- Oncology
- Diabetes/Endocrinology
- Behavioral Health
- Cardiology
- Neurosurgery
- Neurology
- Emergency Room
- Equipment and Technology
- Child Life

If designation is not an option above, please list other here: \_\_\_\_\_

All funds collected should be delivered to the Foundation once the event is completed.  
Baptist Health Foundation – 841 Prudential Drive, Suite 1300, Jacksonville, FL 32207  
Fax: 904.202.2875