



Mental Health & Addictions
Specialty Hospital and Outpatient Practice

Manatee Glens Scholarship Program

Named Scholarship Fund

- I want to contribute to the _____ Scholarship in honor/memory of _____ to be used for _____ purpose/program and would like to contribute a gift of \$_____.

Manatee Glens Journey Scholarship Fund

- I want to contribute to the Manatee Glens Journey Scholarship Fund in the amount of \$_____. This contribution should be distributed by the Manatee Glens Scholarship Committee.

Deferred Scholarship Fund

- I have included the Manatee Glens Journey Scholarship Program in my Will in the amount of \$_____ or %_____ of my estate.
- Please contact me, I would like to include Manatee Glens in my estate plans
- Please contact me, so I may share other ideas.





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Payment

- My cash/check is enclosed, made payable to Manatee Glens.
- Please charge my Visa/MC # _____ Exp: _____ Vcode: _____
- Please contact me about paying with stock
- My company will match my gift. Company: _____
- Please contact me I have other thoughts to share

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____

Signature and Date Required

_____ Date _____

Signature

Please return:

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