



BORLAND-GROOVER CLINIC

EXCELLENCE IN DIGESTIVE HEALTH SINCE 1947

Please mail your completed form to: BGC Foundation 4800 Belfort Road, Jacksonville, FL 32256 or email it to foundation@bgclinic.com

Required Information

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Telephone: _____

Email Address: _____

Gift Level: \$25 \$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Payment Method: Visa Mastercard American Express Discover Check

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Memorial/Honorary Gifts (optional) - Notification of your gift will be sent to the person listed below. (Amount will not be disclosed)

This gift is in memory of: _____

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Recipient's Street Address: _____

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Additional Comments: _____

For more information please contact the BGC Foundation at (904) 383-1140 or foundation@bgclinic.com

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