Please email this profile to Betsy Alderman, Lee Memorial Hospital Foundation at betsy.alderman@leememorial.org, or fax to: 239-437-1753

PLANNED GIVING COUNCIL of LEE COUNTY

MEMBER PROFILE

Member Name _____ Certifications _____

Job Title _____ Profession Category _____

Business Address _____

City _____ State _____ Zip _____

Contact Phone # ( ) _____ Fax # ( ) _____

Cell / Alternate # ( ) _____ E-mail _____

Personal / Professional Profile (Please limit to approximately 65 words. Please print clearly. You may also fax typed profile)

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