

841 Prudential Drive Suite 1300 Jacksonville, Florida 32207 Phone: 904.202.2919 baptistjax.com

Mr. William Sprigg and Ms. Laura Sager
Florida State Aerie and Auxiliary, Fraternal Order of Eagles

Dear Fraternal Order of Eagles Members:

All of us here at Wolfson Children's Hospital and Baptist Health are greatly appreciative of the support from the Fraternal Order of Eagles for various areas at Wolfson Children's Rehabilitation. The year-long efforts of the 2023-2024 State Worthy and State Madam President will help support research, education, and equipment within the Wolfson Children's rehabilitation program with a focus on the hospital's Autism and Neurodevelopment Center and Intensive Therapy Center. Funds from the Fraternal Order of Eagles will not be allocated to administrative costs.

Comprehensive therapy services at Wolfson Children's help children of all ages with sensory, movement, feeding and communication difficulties. Within our rehabilitation program, we help kids overcome these disorders so they can better enjoy their daily activities. Conditions we treat include, and are not limited to:

- Neuromuscular conditions, including muscular dystrophy and spinal cord injury
- Neurological disorders, including sensory and processing disorders
- Autism spectrum disorder and pervasive developmental disorders
- Cerebral palsy, including postrhizotomy
- Spinal cord injury
- Cancers requiring rehabilitation services
- Other children's rehabilitation needs

Recognized among America's Best Children's Hospitals by U.S. News & World Report year after year, Wolfson Children's Hospital of Jacksonville, Florida, is the only full-service tertiary hospital for children in the region, serving North Florida, South Georgia and beyond. Wolfson Children's Hospital works as one team with our world-renowned partners to provide top-notch resources and outstanding care to children. The team consists of 400+full-time physicians in 40+ specialties, along with 1,200+ nurses and staff.

Thank you for your support! Please let me know if I can be of any service and contact me at: Jessica.Nguyen@bmcjax.com.

With gratitude,

Jessia L. Nguyon

Jessica Nguyen

Associate Director of Development

Baptist Health Foundation supports the community's healthcare needs through philanthropy for

















General Grant Request Form





General Grant Request Form

Choose ONE Fund listed below:	
Alzheimer's & Neurological Fund Golden Age Fund Kidney Fund	
Cancer Fund Heart Fund Muscular Dystrophy	y Fund
Children's Fund C.P.R (\$1,000) Parkinson's Fund	
Diabetes Fund Drug Awareness Spinal Cord Injury I	Fund
(matched up to \$500)	
Grant Type: ✓ State/Prov Funded ☐ Earmarked ☐ Turn-Around* (DOES NOT REQUIRE STATE/PROV	APPROVAL)
Proof of Exemption: FEIN 5 9 2 4 8 7 1 3 5 OR Canadian Registration	
Department/Site: Baptist Health Foundation State/Provincial Funds Requested \$	
Address: 841 Prudential Drive Suite 1300 City: Jacksonville	
State/Prov. Florida Zip: 32207 Contact: Jessica Nguyen Phone: 813-841	1-5967
Email address for organization's contact: jessica.nguyen@bmcjax.com	
Check Payable to: Baptist Health Foundation	
Submitted by: Aerie Auxiliary Joint Club Name:	#
Presentation Date (checks must be cashed within 90 days of issue date):	
*Local Secretary: Date:/ Amt provided by local	
*Local President: Date:// AE/AX (if included)	s
Amt approved	
State/Prov Date Approved by State/Provincial Board:/ by State/Prov	•
State/Provincial Secretary: Date:/ (if approved)	3
Total Grant	\$
State/Description of Description	s
State/Provincial President: Date:/ Amount	s
State/Provincial President: Date:/ Amount	\$
☐ Grant Form Completed in Full ☐ Grant Form Signed and Dated ☐ Grant Form Signed and Dated ☐ Canadian Charitable Registration number	SS BOGT Approval Request #





General Grant Request Form

Choose ONE Fund listed below:			
Alzheimer's & Neurological Fund	Golden Age Fund	Kidney Fund	
Cancer Fund	Heart Fund	Muscular Dystrophy	Fund
Children's Fund	C.P.R (\$1,000)	Parkinson's Fund	
Diabetes Fund	Orug Awareness	Spinal Cord Injury Fu	ınd
	(matched up to \$500)		
Grant Type: ✓ State/Prov Funded Earmarked	☐Turn-Around® (DOES NOT	REQUIRE STATE/PROV	PPROVAL)
	Educational Materials	□ Equipment/Supplies	
Proof of Exemption: FEIN 5 9 2 4 8	3 7 1 3 5 OR Canadia	n Registration	
Department/Site: Baptist Health Foundat	ion State/Provincial Fund	ds Requested \$	
Address: 841 Prudential Drive Suite 1	300 City	Jacksonville	
State/Prov. Florida Zip: 32207	Contact. Jessica Nguyen	Phone: 813-841	-5967
Email address for organization's contact: jessica.	nguven@bmciax.com	Phone:	
Email address for organization's contact:	tion		
Check Payable to: Baptist Health Founda			
Submitted by: ☐Aerie ☐Auxiliary ☐Joint	Club Name:	#	
Presentation Date (checks must be cashed within 9	0 days of issue date):		
*Local Secretary:	Date://	Anne provided	
*Local President:	Date: / /	by local AE/AX \$	
Local Fresident.	Date.	(if included)	
State/Prov Date Approved by State/	Provincial Board://	Amt approved by State/Prov	
State/Provincial Secretary:	Date: / /	AF \$	
		(ii approves)	
State/Provincial President:	Date://	Total Grant \$ Amount	
E Court From Completed in Edit	Examption 501(oV2) IBS Datarm	ination	
Grant Form Signed and Dated Letter or	Exemption – 501(c)(3) IRS Determ statement of government exemption	n or	BOGT pproval
☐ Verification Per Capita is Paid	n Charitable Registration number esumé on recipient's letterhead deta	1	Request #
Li Project i			





General Grant Request Form

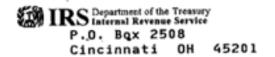
Choose ONE Fund listed below:			
Alzheimer's & Neurological Fund	Golden Age Fund	Kidney Fund	
Cancer Fund	Heart Fund	Muscular Dystrop	ohy Fund
Children's Fund	C.P.R (\$1,000)	Parkinson's Fund	
Diabetes Fund	Orug Awareness	Spinal Cord Injury	y Fund
	(matched up to \$500)		
Grant Type: ✓ State/Prov Funded Earmarked	☐Turn-Around (DOES NOT	REQUIRE STATE/PRO	V APPROVAL)
✓ Research ✓ I	Educational Materials	☑Equipment/Supplies	
		n Registration	
Department/Site: Baptist Health Foundati	ion State/Provincial Fund	ls Requested \$	
Address: 841 Prudential Drive Suite 13	300City	Jacksonville	
State/Prov. Florida Zip: 32207	Contact: Jessica Nguyen	Phone: 813-84	41-5967
Email address for organization's contact: jessica.	nguyen@bmcjax.com		
Check Payable to: Baptist Health Founda	tion		
Submitted by: Aerie Auxiliary Joint	Club Name:		#
Presentation Date (checks must be cashed within 9	0 days of issue date):		
*Local Secretary:	Date;//	Amt provided by local	
*Local President:	Date: / /		\$
		Amt approved	
State/Prov Date Approved by State/I	Provincial Board://	by State/Prov	•
State/Provincial Secretary:	Date://	(if approved)	3
State/Provincial President:	Date: / /	Total Grant	\$
		Amount	
Grant Form Signed and Dated Letter or	Exemption – 501(c)(3) IRS Determ statement of government exemption		BOGT Approval
☐ Verification Per Capita is Paid	n Charitable Registration number esumé on recipient's letterhead deta	iling use	Request #
	within grant guidelines and affirmin		





General Grant Request Form

\sim			
Alzheimer's & Neurological Fund	Golden Age Fund	Kidney Fund	
Cancer Fund	Heart Fund	Muscular Dystrophy Fund	
Children's Fund	C.P.R (\$1,000)	Parkinson's Fund	
Diabetes Fund	Orug Awareness	Spinal Cord Injury Fund	
	(matched up to \$500)		
Grant Type: ✓ State/Prov Funded	☐Turn-Around* (DOES NOT	REQUIRE STATE/PROV APPRO	VAL)
✓ Research ✓ E	ducational Materials	Equipment/Supplies	
		n Registration	
Department/Site: Baptist Health Foundation		ls Requested \$	
Address: 841 Prudential Drive Suite 13		Jacksonville	_
State/Prov. Florida Zip: 32207	Contact: Jessica Nguyen	Phone: 813-841-596	7
Email address for organization's contact: jessica.n	guyen@bmcjax.com		
Check Payable to: Baptist Health Foundati			
Submitted by: Aerie Auxiliary Joint C	lub Name:	#	
. – – .		#	
Submitted by: Aerie Auxiliary Joint C Presentation Date (checks must be cashed within 90			
, – – ,	days of issue date):		
Presentation Date (checks must be cashed within 90 *Local Secretary:	days of issue date):	Amt provided by local	
Presentation Date (checks must be cashed within 90	days of issue date):	Amt provided by local	
*Local President:	days of issue date):	Amt provided by local AE/AX \$ (if included) Amt approved	
*Local President:	Date:	Amt provided by local AE/AX \$	
Presentation Date (checks must be cashed within 90 *Local Secretary: *Local President: State/Prov Date Approved by State/Provincial Secretary:	Date:	Amt provided by local AE/AX \$	
Presentation Date (checks must be cashed within 90 *Local Secretary: *Local President: State/Prov. Date Approved by State/Prov.	Date:	Amt provided by local AE/AX \$	
Presentation Date (checks must be cashed within 90 *Local Secretary: *Local President: State/Prov Date Approved by State/Provincial Secretary:	Date:	Amt provided by local AE/AX \$	
*Local Secretary: *Local President: State/Prov Date Approved by State/Provincial Secretary: State/Provincial President: Grant Form Completed in Full	Date:	Amt provided by local AE/AX \$	
*Local Secretary: *Local President: State/Prov Date Approved by State/Provincial Secretary: State/Provincial President: Grant Form Completed in Full	Date:	Amt provided by local AE/AX \$	r



In reply refer to: 0248667580 Dec. 30, 2010 LTR 4168C E0 59-2487135 000000 00

00041787

BODC: TE

BAPTIST HEALTH SYSTEM FOUNDATION INC % MARLENE SPALTEN 841 PRUDENTIAL DR STE 1300 JACKSONVILLE FL 32207

23638

Employer Identification Number: 59-2487135
Person to Contact: Mr. Lockhart
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Dec. 21, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 1989.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivar

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I