

# Sometimes, “wellness” simply means **a safe ride home.**

This GivingTuesday, your gift to our Foundation directly supports our Care 360° Program transportation services. Care 360° helps patients transition from the hospital to home. This includes help scheduling follow up appointments, as well as rides home from the hospital and to and from appointments for patients who lack access to transportation.

This season, help us show our neighbors that we care for them and that their wellness matters to us.

Make a gift by November 29 at  
[YourGenerosityHealsWestFlorida.com](https://YourGenerosityHealsWestFlorida.com)



**Advent Health**  
Foundation | West Florida



**AdventHealth Foundation West Florida**  
**14055 Riveredge Drive, Suite 250, Tampa, FL 33637**

Imagine you just finished treatment at your local hospital, but you have no way to get home. Our Foundation can help fill in that gap.

Thanks to generous donors, in 2022 we have already provided more than 775 rides.

**This GivingTuesday, please consider a gift in support of the whole-person wellness of our community.**

- \$30 provides a patient with a ride home from the hospital
- \$60 provides a patient with a round trip ride to the pharmacy
- \$120 provides two patients with round trip rides to follow up appointments

**[YourGenerosityHealsWestFlorida.com](https://www.adventhealth.com/giving)**

The Care 360° Program supports the following AdventHealth hospitals: Carrollwood, Dade City, North Pinellas, Ocala, Tampa, Wesley Chapel and Zephyrhills.

If you prefer not to be contacted for future fundraising requests, please call 813-803-4074 and leave a message with your name, address and phone number, or email [FoundationWestFloridaAnnualGiving@AdventHealth.com](mailto:FoundationWestFloridaAnnualGiving@AdventHealth.com).

A COPY OF THE OFFICIAL REGISTRATION (CH4118) AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, 1-800-435-7352, WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.

**Name**

Address line

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City, State 00000