



Please mail this form and your check to:
The Florida Center for Child and Family Development
Accounting Dept.
4620 17th Street
Sarasota, FL 34235

Date: _____ (Please PRINT all information clearly)
Enclosed is my check in the amount of \$ _____ payable to the The Florida Center for
Child and Family Development.
My name: _____
Address: _____ Home phone: (_____) _____
City/State/ZIP: _____

(Receipt will be sent to the address above.)

TYPE OF DONATION (please choose one):

- General Donation**
 Gift in memory of:

(name of deceased)

Send acknowledgement card to:

Name: _____
Address: _____
City/State/ZIP: _____
How would you like the card to be signed? _____

(name or names)

Gift in honor of: _____

(name of individual)

Send acknowledgement card to:

Name: _____
Address: _____
City/State/ZIP: _____
How would you like the card to be signed? _____

(name or names)

We thank you for your support.
Your contribution is taxdeductible.
To reduce administrative costs, your gift will be processed at a central facility.