

855-456-2210 Main Office

Donation Form

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

PledgeInformation

I (we) pledge a total of \$ _____ Logo Provided: Yes or No (JPG, EPS, BMP, TIF, PDF, GIF)

I (we) plan to make this contribution in the form of:

____ cash ____ check ___ credit card (if by Credit Card & if you want, you may FAX to: 941-803-0083)

Credit card type	Circleone	МС	1	Visa	1	Discover	1	Amex	
Credit card number									
Expiration date	/	/		[3 or	· 4 C	igit Security	Cod	le on Back: []
Authorized signature									

Gift will be matched by ______ (company/family/foundation). _ ____ form enclosed _ ____ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

_ __ I (we) wish to have our gift remain anonymous.

Signature(s)	
Date	

Please make checks, corporate matches, or other gifts payable to:

Blue Alert Foundation P.O. Box 805 Laurel, FL 34272 Blue Alert Foundation is a 501(c)3 Tax-Exempt Organization as determined by the IRS. Your Donation is 100% Tax Deductible EIN: 45-5607994