

DONATE TO THE ANNUAL FUND DRIVE AND BE COUNTED AS A MEMBER!

THANK YOU IN ADVANCE FOR CHECKING YOUR MOST GENEROUS GIVING LEVEL

\$100,000 \$50,000 \$25,000 \$10,000 \$5,000 \$1,000 \$750 \$500 \$300 Other

TOTAL ENCLOSED: \$_____ Please make all checks payable to SCCF.

Please charge my tax deductible contribution to: Visa MasterCard American Express Discover

Credit Card # _____ Exp. _____ Amount _____

CVC Security Code _____ (Visa/Master/Discover = 3 digits; AmEx = 4 digits)

Billing Street Address _____ Billing Zip Code _____

This gift is eligible for my corporate matching gift program.

You can also contribute online at www.sccf.org

Please call Cheryl Giattini at 239-822-6121 to discuss the Annual Fund Drive, planned giving and other support opportunities.

Please let us know if you can contribute your time and talent as a volunteer.

FLORIDA STATUTES REQUIRE THAT WE INCLUDE THE STATEMENT:

"A COPY OF THE OFFICIAL REGISTRATION 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 RECOMMENDATIONS BY THE STATE."

(Mr. Mrs. Ms.)

First _____ Middle Initial _____ Last _____
Name as you wish it to appear in acknowledgments

If this is a business donation, company name _____

RESIDENCE #1 Street or P.O. Box _____
City _____ State _____ Zip _____ (DATES AT THIS ADDRESS: FROM _____ TO _____)
E-Mail Address _____ Phone Number _____

RESIDENCE #2 Street or P.O. Box _____
City _____ State _____ Zip _____ (DATES AT THIS ADDRESS: FROM _____ TO _____)
Phone Number _____

thank you