

FSDB DONATION FORM



www.fsdbk12.org



Advancement Office



moringa@fsdbk12.org



904-827-2235

CONTACT INFORMATION

Title (Mr./Mrs./Ms.): _____ First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Phone: _____

Yes! The Florida School for the Deaf and the Blind may contact me at the email address above.

I prefer that this donation remains anonymous.

Notes: _____

DONATION AMOUNT

\$20.00 \$50.00 \$100.00 \$250.00 Other \$ _____

I want to make a commitment of \$ _____ per month. Bill my credit card.

OR

If you prefer to send checks monthly, indicate here: Addressed, postage paid envelopes will be sent to you.
(Make checks payable to FSDB.)

CREDIT CARD INFORMATION IF APPLICABLE

VISA

Master Card

AmEx

Discover

Card Number: _____ CSV Code: _____ Exp. Date: _____

CREDIT CARD BILLING ADDRESS

Same as my personal information above.

Name as it Appears on Card: _____

Billing Address: _____

City: _____ State: _____ ZIP Code: _____

Mail Contributions To:

Advancement Office
Florida School for the Deaf and the Blind
207 San Marco Ave.
St. Augustine FL 32084
EIN #59-3206619

