

# FSDB DONATION FORM



www.fsdbk12.org



Advancement Office



andersont4@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

