



Donation Form

Enclosed is my gift of:

- \$5,000+ \$250+
 \$1,000+ \$100+
 \$500+ \$50+ Other _____

Personal Data (please print clearly)

Your name or name of business/organization: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Does your company have a matching gift program? _____

Please make check payable to *Family Services of Metro Orlando* or provide your credit card information below.

VISA or MasterCard number: _____

Expiration date: _____

Phone number of mailing address: _____

Thank you for your support. Your contribution will go toward recruiting and supporting adoptive families who are willing to adopt children from their own communities.

Mail the completed form to:

Family Services of Metro Orlando

Attn: Fund Development

2600 Technology Drive, Ste. 250

Orlando, FL 32804

407-398-7975 (phone)

407-578-0074 (fax)