



**Safe Schools South Florida
Corporate/Organization
Donation Form**

Name of Corporation/Organization _____

Address _____

City, State, Zip _____

May we recognize your donation in our newsletter and other printed materials? Yes No

Primary Contact _____ Title _____

Phone _____ Fax _____

Cell 1 _____ E,mail _____

Please send email announcements to this address

Amount of annual donation _____

WE wish to join the Rainbow Honor Society. I authorize monthly withdrawals of \$ _____

Credit card payment 1 Visa MasterCard American Express Discover

Card number _____ Expiration date ____/____/____

Security number _____

Name as it appears on the card 1 _____

Billing Address (if different from above) _____

City, State, Zip _____

Signature _____

Pay by check to:

Safe Schools South Florida
PO Box 24444
Fort Lauderdale, FL 33307