



**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