



Please mail this form  
and your payment to:

The Assistance Fund  
4700 Millenia Blvd., Suite 410  
Orlando, FL 32839

# Donate by mail

*Please print all information clearly.*

I would like to make a donation to TAF in the amount of \$ \_\_\_\_\_.

Dedicate my gift in honor/memory of \_\_\_\_\_

I would like the family notified of this contribution.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

## PAYMENT INSTRUCTIONS

I would like to pay by:

Check payable to The Assistance Fund       Credit Card

## PAYMENT INFO (Credit Card Payments only)

Visa       MasterCard  
 Discover       American Express

Card No.:	
Expiration:	Security Code:
Your Signature:	

Thank you for your support!

Your contribution is tax-deductible.  
We will mail you a receipt to the  
address you include on this form.

## BILLING INFO

Name:		
Billing Address:		
City:	State:	ZIP:
Phone:	Email:	

For your security, we will shred this form as soon as payment has been processed.