



Please mail this form
and your payment to:

The Assistance Fund
8427 Southpark Circle
Suite 100
Orlando, FL 32819

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.