



333 Southwest Fourth Avenue  
Boca Raton, FL 33432

# Annual Giving Program

Name		
Address		
City	State	Zip code
<b>Please mark the amount you wish to contribute to our Annual Giving program:</b>		
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$360	
<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$250	
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$100	
<input type="checkbox"/> \$500	<input type="checkbox"/> \$36	
<input type="checkbox"/> Other \$ _____		
<input type="checkbox"/> Enclosed is my full payment		
<input type="checkbox"/> I intend to make 2 payments on Dec. 15th & Jan. 15th to fulfill my commitment		
<b>Method of Payment:</b>		
<input type="checkbox"/> Check Enclosed		
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> Visa
Card Number		
Expiration Date	Security Code	
Print Name as it appears on credit card		
Signature		

**Please respond at your earliest convenience.**