SHINE for Girls

Donor Information

|  |
| --- |
| Donor Name: |
| Name You Would Like to Appear on Printed Materials for Donor Recognition: |
| Business Name (if applicable): |
| Address: |
| City: State: ZIP: |
| Phone: Email:  |

Pledge Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ One Time / Per Semester

 (Please Circle One)

Please circle the semester(s) to which you would like to donate:

Spring 2017

Fall 2017

Spring 2018

Donor Signature:­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Return Completed Form To:

Lauren Hagy

175 Camelia Street

Gulf Breeze, FL 32561

All donations to SHINE for Girls are tax deductible for income tax purposes within the limits of the law. SHINE for Girls is a tax-exempt corporate entity as described in Section 501(c)(3) of the Internal Revenue Code.