

DONOR INFORMATION:

Donor/Gift type: Individual Joint with Spouse Corporation or Entity

Donor Name: _____

If joint gift, please provide both names. If corporation or entity gift, list name of company.

Primary Contact: _____

For corporation or entity gift only. Who should receive acknowledgement and be invited to recognition events?

Preferred E-mail Address: _____ Business Home

Preferred Phone Number: _____ Ext. _____ Business Home

Preferred Address: _____ Business Home

City _____ State _____ Zip Code _____

GIFTS OF CASH OR MARKETABLE ASSETS

The total gift commitment is \$ _____ The amount enclosed with this letter is \$ _____

The gift is designated to fund the: Area of greatest need In memory or honor of: _____

Program/Project Name: _____

Please remind me as follows: Annual payments of \$ _____ beginning ____/____/____

Quarterly payments of \$ _____ beginning ____/____/____

Monthly payments of \$ _____ beginning ____/____/____

Other payment schedule _____

Do not bill

Charge my credit card every: Month Quarter Year beginning ____/____/____

Name as it appears on credit card: _____

Credit card number: _____ Expiration date: _____

Verification code: _____ American Express MasterCard Visa

I work for or our corporation is affiliated with a matching gift company. *(I will be responsible for contacting the corporate office for the necessary paperwork.)*

Company Name: _____

SPECIAL TERMS AND RECOGNITION: Please note and restrictions for your gift here: _____

For recognition purposes, please list name as: _____

Donor Signature

Date

All gifts to the Historical Society of Central Florida are tax-deductible to the extent allowed by the law.
Please make a check payable to: Historical Society of Central Florida

THANK YOU FOR YOUR GIFT. PLEASE FORWARD COMPLETED FORM TO:

Historical Society of Central Florida, Inc. • Office of Development • 65 East Central Blvd. • Orlando, FL 32801 • 407.836.8559