



Friends of Rookery Bay: Donation Form

Name: _____

Address: _____

City, State, Zip Code: _____, _____, _____

Primary Phone: _____ Email: _____

Cash Donations: I/we pledge a total of \$ _____

To be paid: now ____; monthly ____; quarterly ____; annually ____;

I plan to make this contribution in the form of cash ____, check ____, credit card ____

Credit Card Number _____

Credit Card Type (Visa, MC, etc.): _____ Expiration Date: _____

Authorized Signature: _____ Printed Name: _____

Tangible Property (real & personal) Donations:

I/we donate the following item(s) to the Friends of Rookery Bay – name & description*:

Estimated value: \$ _____ Appraised value: \$ _____

Any donor restrictions on the gift or its utilization?: Yes ____; No ____

Restrictions/Limitations on gift (use additional page if warranted)

Check if donation is anonymous (“name” above used, if not checked)

Donor’s Signature

Date

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. 1-800-435-7352 – www.floridaconsumerhelp.com

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