

## *Donate to the Annual Fund Drive and be counted as a Member!*

**Thank you in advance for checking your most generous giving level:**

\$100,000  \$50,000  \$25,000  \$10,000  \$5,000  \$1,000  \$500  \$250  \$100  \$50  Other

TOTAL ENCLOSED: \$\_\_\_\_\_ Please make all checks payable to SCCF.

Please charge my tax deductible contribution to:  Visa  MasterCard  American Express  Discover

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Amount \_\_\_\_\_

CVC Security Code \_\_\_\_\_ (Visa/Master/Discover = 3 digits; AmEx = 4 digits)

Billing Street Address \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

This gift is eligible for my corporate matching gift program.

You can also contribute online at [www.sccf.org](http://www.sccf.org)

Please let us know if you can contribute your time and talent as a volunteer.

Please call Cheryl Giattini at 239-395-2768 to discuss the Annual Fund Drive, planned giving and other support opportunities.

Florida Statutes require that we include the statement:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE (1-800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATIONS BY THE STATE."

(Mr. Mrs. Ms.)

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

*Name as you wish it to appear in acknowledgments*

If this is a business donation, company name \_\_\_\_\_

Residence #1 Street or P.O. Box \_\_\_\_\_

Please  
E-Mail the  
Newsletter  
to me

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (Dates at this address: From \_\_\_\_\_ To \_\_\_\_\_)

E-Mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Residence #2 Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ (Dates at this address: From \_\_\_\_\_ To \_\_\_\_\_)

Phone Number \_\_\_\_\_