

MAIL-IN GIFT FORM

Please return this gift form to:
Port St John Community Foundation
PO Box 472
Sharpes, FL 32959-0472



Port St John Community Foundation is exempt under Section 501(c)(3) of the Internal Revenue Code, making this gift tax deductible.

DONOR INFORMATION

Name: _____ Date: _____

Address: _____

_____ State: _____ ZIP: _____

Daytime Phone: _____ Email Address: _____

YES, I would like to be added to your e-mail list.

GIFT INFORMATION

Enclosed is my gift of \$ (Please make check payable to Port St John Community Foundation)

Please charge my credit card for \$ _____

Discover[®] MasterCard[®] Visa[®] American Express[®]

Card Number: _____ Expiration: _____ CVC _____

Name on Card: _____

Signature: _____

If you would like to make your gift in honor of someone.

MEMORIAL AND TRIBUTE FORM

SEND GIFT NOTIFICATION TO:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Message or Instructions: _____
