



I Want to Donate to North Florida Educational Development Corporation!

ALL INFORMATION IS HELD STRICTLY CONFIDENTIAL

FIRST Name

LAST Name

Street 1

Street 2

City

State

Zip Code

Phone #

E-MAIL

E-mail this form to: bossnfedc@gmail.com

MAIL this form to: **North Florida Educational Development Corporation
P.O. Box 550, Gretna, Florida 32332**

_____ I'm enclosing a donation in the amount of \$_____ **Check Cash \$-order.**

_____ I'd like to donate using a credit card: **VISA MC AMEX DISCOVER**

Card # _____ Exp. Date _____

Security Code _____ (If MC or VISA, last 3 numbers on BACK of card, If AMEX, 4 numbers on front of card)

Amount \$_____ *Continue to donate each month until I tell you to stop:* **YES NO**

Signed: _____ Date: _____ - _____ - _____

Thank You!