



Date: _____

DONATION FOR (please check all that apply)

☐ General Foundation ☐ In The Line Of Duty

Name: _____
Company/Organization: _____
Phone: _____ Address: _____ Apt: _____
City: _____ State: _____ Zip: _____
Email: _____ ☐ Please add me to e-mail list

CREDIT CARD AUTHORIZATION

Credit Card Type (please check one): ☐ AMEX ☐ VISA ☐ MASTERCARD ☐ Discover

Card Billing Address (If same as above, leave blank): _____
City: _____ State: _____ Zip: _____
Phone No. of Cardholder: _____
Card No.: _____ Exp. Date: _____ CID or Security Code: _____

I hereby authorize the *We Fund The Blue Foundation* to charge the following amount \$ _____
to my credit card. ☐ One-Time ☐ Monthly

Signature: _____ Date: _____

CHECK

Please make all checks out to *We Fund The Blue Foundation* and kindly mail with the attached form to the address listed below.

OPTIONAL DEDICATION

Please make my gift:
☐ In Honor of _____ ☐ In Memory of _____
☐ Please send acknowledgment of dedication to (name/address required):
Name: _____
Address: _____ Apt: _____
City: _____ State: _____ Zip: _____

WE THANK YOU FOR YOUR GENEROUS CONTRIBUTION AND CONTINUED SUPPORT!

The We Fund The Blue Foundation is recognized by the IRS as a 501 (c)(3) tax -exempt organization. Our EIN number is 87-3711913 Please consult with your tax adviser regarding the deductibility of your contribution.

We Fund Blue Foundation Inc. - 4600 SW Country Place, Palm City, FL 34990 (ph) 561-719-8435