

Contribution Form

YES, I want to give a child experience Dream Oaks Camp.

Please accept my gift of _____

Pledge or Check: \$ _____

__ Visa __ Master Card # _____ Expiration Date __/__/__

Name: _____

Phone: _____ Home Work

Address: _____

City: _____

State: _____

Zip: _____

E-mail: _____

My employer has a matching gift program

Employer information

Name of Company: _____

Contact Person: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

E-mail: _____

__ Please send information about becoming a volunteer.

Please make checks payable to: _____

The Foundation for Dreams, Inc.

And mail your gifts to:
2620 Manatee Avenue West, Suite D
Bradenton, FL 34205

All contributions are tax deductible to the extent provided by the law. A copy of official registration and financial information may be obtained from the division of consumer services by calling 1-800-435-7352 within the state of Florida. Registration does not imply endorsement, approval or recommendation by the state.