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General Donation Form

Donor Information:

Title _____

First Name _____ Last Name _____

Company/Organization Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Fax _____

Email _____

Amount: \$ _____

Designation: This donation is on behalf of a company/organization I prefer to make this donation anonymously.

Please use donation where needed most Please use my donation for the Budd Bell Endowment Fund

I would like my donation to be in Memory of Honor of

Name: _____

Please notify: (Name) _____

Address _____

City _____ State _____ Zip _____

Payment Information:

Payment Method: Credit Card (MasterCard/Visa) Check

Credit Card Number _____ Exp. Date _____ Card Security Code _____

Signature _____

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 RECOMMENDATION BY THE STATE. CH2073

