



DONATION FORM

Name _____ Date _____

Business or Organization _____

Address _____

City/ST/Zip _____

Phone _____ Email _____

Enclosed is my check for \$ _____

- Annual Membership Fee (\$100) Keepsake Membership (\$1,000) Heritage Membership (\$10,000)
 Other _____

Special instructions, notes, or requests:

Your gift is tax-deductible to the fullest extent allowed by law.

Please place "Mina" on the memo line and make check payable to:

Florida SouthWestern State College Foundation
8099 College Parkway
Fort Myers, FL 33919