



# DONATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Business or Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

My Employer \_\_\_\_\_ participates in a Matching Gift Program  
(Company Name)

Enclosed is my check for \$ \_\_\_\_\_

Special instructions, note, or requests about your donation:

This gift is  
In Honor of: \_\_\_\_\_ In Memory of: \_\_\_\_\_

Please notify the following person about my gift:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please mail to:  
Florida SouthWestern State College Foundation  
8099 College Parkway  
Fort Myers, FL 33919

***Thank you for your contribution.***

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