



## Donation Form

Name \_\_\_\_\_

Business/Organization \_\_\_\_\_

Address \_\_\_\_\_

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

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

This gift is in Honor/Memory of: \_\_\_\_\_

Please notify : \_\_\_\_\_

Email or U.S. Address: \_\_\_\_\_

### Donation Level

\$25    \$50    \$100    \$250    \$500    \$1,000    \$2,500   \$\_\_\_\_\_ Other  
 One Time Gift       Recurring Gift To Be Made (Monthly, Annually) \_\_\_\_\_

### Payment

Enclosed is my check payable to **Guadalupe Center**

Please charge my credit card:

AMEX       MasterCard    Visa

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

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509 Hope Circle, Immokalee, Florida 34142 | (239) 657-7711 | [Info@GuadalupeCenter.org](mailto:Info@GuadalupeCenter.org) | [www.GuadalupeCenter.org](http://www.GuadalupeCenter.org)

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE AT 877-693-5236 OR [WWW.MYFLORIDAACFO.COM](http://WWW.MYFLORIDAACFO.COM). REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. GUADALUPE CENTER, INC. IS A 501(C)(3) NONPROFIT ORGANIZATION. DONATIONS ARE TAX-DEDUCTIBLE TO THE EXTENT ALLOWED BY LAW. Tax ID #: 59-2617151.