



Dorsonal Information:

Orlando Sentinel Family Fund Processing Center 24541 Network Place Chicago, IL 60673-1245

| Cr30nar information.  |   |                   |                         |                                      |
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| Is this donation on behalf of                               | f an organization?                            | □ No              | Org. Name               |                                      |
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| Donation Information:                                       |   |                   |                         |                                      |
| I would like to make a gift in                              | n the amount of: \$                           |                   |                         |                                      |
| Enclosed is my chec   | ck payable to <i>Orlando Sentin</i>           | el Family Fund    |                         |                                      |
| Please charge my:   | □ Visa □ Mas                                  | terCard           | □ Discover              | ☐ American Express                   |
| Card Number( <i>RR McCormick Fdn</i> will a                 | ppear on your statement)                      | Exp               | Signature               |                                      |
| I would like to make t                                      | his a recurring gift. Charge my               | credit card \$    | on the first Monday     | of every month until further notice. |
| Have you included an empl                                   | oyer matching gift form?                      | □ Ye              | es 🗆 No                 |                                      |
| Donation Acknowledgme                                       | <u>nt</u>                                     |                   |                         |                                      |
| You can choose to make yo                                   | our gift a tribute to a person yo             | u know or admir   | e.                      |                                      |
| Please make my gift:  |   |                   |                         |                                      |
| If you would like this individ include the information belo |   | a letter from the | Orlando Sentinel Family | Fund recognizing your gift, please   |
|   |   |                   |                         | <br>                                 |
|   |   |                   |                         | _                                    |
|   | ay be listed in future publication            |                   |                         |                                      |
|   | ish my name as:<br>ot publish my information. |                   |                         | _                                    |
| □ No, do no   | n pudiisti iiiy iiiloliiiälioti.              |                   |                         |                                      |

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