



Please send in your donation with this form to:

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

**Personal Information:**

Prefix \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Spouse Information

Prefix \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Is this donation on behalf of an organization?  Yes  No      Org. Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt./Unit \_\_\_\_\_

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

Phone (    ) \_\_\_\_\_ Email \_\_\_\_\_

**Donation Information:**

I would like to make a gift in the amount of:      \$ \_\_\_\_\_

\_\_\_\_\_ Enclosed is my check payable to *Orlando Sentinel Family Fund*

\_\_\_\_\_ Please charge my:       Visa       MasterCard       Discover       American Express

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_ Signature \_\_\_\_\_  
 (RR McCormick Fdn will appear on your statement)

\_\_\_\_\_ I would like to make this a recurring gift. Charge my credit card \$ \_\_\_\_\_ on the first Monday of every month until further notice.

Have you included an employer matching gift form?       Yes       No

**Donation Acknowledgment**

You can choose to make your gift a tribute to a person you know or admire.

Please make my gift:      In honor of \_\_\_\_\_  
    In memory of \_\_\_\_\_

If you would like this individual or his/her family to receive a letter from the Orlando Sentinel Family Fund recognizing your gift, please include the information below.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your name and donation may be listed in future publications or online. To be included, check Yes below.

- Yes, publish my name as: \_\_\_\_\_
- No, do not publish my information.

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