Please complete this form and send it with your payment to:

Fleet Landing Office of Charitable Gifts One Fleet Landing Boulevard Atlantic Beach, FL 32233



This gift is from:						
Name						
Address	City		St	ate	_ Zip	
Phone						
Email address is required if you are using a credit card number. Your personal information is never shared or sold.						
This gift is in: ☐ Memory of	☐ Honor of	☐ Spec	ial Occasion			
Name of Honoree(s)						
Please send acknowledgement of this gift to:						
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Address			City		_ Zip	
Letters will acknowledge the gift and not the amount unless specifically requested.						
Enclosed is my gift of:	□\$1000	□\$500				
	□\$250	□\$100	□\$50	□Other		_
This is a □One- time Donation □ Monthly Donation						
☐ My check, payable to Fleet Landing, is enclosed.						
□ Please charge my Visa/MasterCard/Discover Exp. Date Security Code						
Card # Name on Card						

I understand the monthly donation will be ongoing support and can be terminated by my contacting Fleet Landing.

For additional information or questions please contact:

Kathy DeSiena

Director of Charitable Gifts

kdesiena@fleetlanding.com

904.246.9900 x1403