

# Support Us DONATION FORM



\* indicates a required field

Donor Information			
Last Name*			
Middle Initial			
First Name*			
Title			
Organization			
Address 1*			
Address 2			
City*			
State*			
Zip*			
Phone #*			
Fax #			
Email*			
Gift Amount & Frequency			
I would like to make a <b>one-time</b> gift in the following amount: \$			
I would like to make a <b>recurring</b> gift in the following amount: \$			
Frequency	Select Frequency		
Duration	<input type="checkbox"/> Until I change or cancel this gift	<input type="checkbox"/> Until a total of _____ gifts have been sent	<input type="checkbox"/> Until \$ _____ total has been reached
If you would like to designate your gift for a specific program, please indicate here:			
Method of Payment			
	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Check
Credit Card #			
Expiration Date (00/00)			
Name on Card As It Appears			
Billing Address	<input type="checkbox"/> Same as above address		
Signature			

**Mail donation to:**  
Miami-Dade AHEC  
ATTN: Development Coordinator  
8600 NW 53<sup>rd</sup> Terrace, Ste. 200  
Miami, FL 33166

**OR**

**Fax donation to:**  
305-592-3704  
ATTN: Development Coordinator  
*\*credit cards only please*