



694 14<sup>th</sup> Street Vero Beach, FL 32960  
(772) 569-0760

## Donation Form

*Please complete in full*

Name \_\_\_\_\_ Title \_\_\_\_\_

Company/Organization \_\_\_\_\_

Address \_\_\_\_\_ Suite/Unit \_\_\_\_\_

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

Email \_\_\_\_\_ Fax \_\_\_\_\_

Phones: Office \_\_\_\_\_ Mobile \_\_\_\_\_ Home \_\_\_\_\_

### My Gift Is:

Merchandise/Service (see reverse)

Medical Equipment (see reverse)

Auction/Raffle Item(s) (see reverse)

Santa for Seniors Item(s) (see reverse)

A Tribute:  In Honor or  In Memory of:

\_\_\_\_\_  
(Name)

Cash  Check (check # \_\_\_\_\_)

(Payable to Senior Resource Assn)

Payable by Credit Card

*Please note: Federal banking regulations do not allow us to record your credit card number. We will call you for your account information in order to process your gift in real time*

Amount: \$ \_\_\_\_\_

### My Gift Supports:

General Senior Needs

Santa for Seniors

Other -- Please explain: \_\_\_\_\_

Golf Tournament

Bingo Luncheon

Nourishing Our Souls Luncheon

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

*Thank you – We appreciate your support!*

### FOR OFFICE USE ONLY:

Gift received by (SRA \_\_\_staff/\_\_\_volunteer) Name: \_\_\_\_\_

Department/Position: \_\_\_\_\_ Date: \_\_\_\_\_

