



Date: _____ Type in form, print, and then mail to address below.

Name: _____

Company/Organization: _____

Phone: _____ Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Email: _____ Please add me to email list

CREDIT CARD AUTHORIZATION

Credit Card Type (please check one): AMEX VISA MASTERCARD DISCOVER

Card Billing Address (if same as above, leave blank): _____

City: _____ State: _____ Zip: _____

Phone No. of Cardholder: _____

Card No: _____ Exp. Date: _____ CVC Code _____

I hereby authorize The Respect and Remember Foundation Inc. to charge the following amount \$ _____

To my credit card One Time Monthly

Signature: _____ Date: _____

CHECK

Please make all checks out to "The Respect and Remember Foundation" and kindly mail with the attached form to the address listed below.

OPTIONAL DEDICATION

Please make my gift:

In Honor of _____ In Memory Of _____

Please send acknowledgement of dedication to (name/address required)

Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

WE THANK YOU FOR YOUR GENEROUS CONTRIBUTION AND CONTINUED SUPPORT!

The Respect and Remember Foundation is recognized by the IRS as a 501 ©(3) tax-exempt Organization. Our EIN number is 92-0748684. Please consult with your tax advisor regarding the deductibility of your contribution.

8108 Bayshore Dr., Seminole, FL 33776

Phone (727) 270-3041