



Donation Form

352-249-1470
Citrus County

352-322-9492
North Central Florida

Mailing Address:
8471 W. Periwinkle Lane
Homosassa Springs FL 34446

Date: _____
Donor/Business Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
E-mail address: _____
In Memory/ Honor of: _____

Please send acknowledgment of gift to:

Name: _____
Address: _____
City, State, Zip: _____

- Community Support Other
- Memorial Tree of Loving Memories Leaf Memorial Stone River Rock Tree Sponsorship
- Other

Make check payable to Friends of Citrus and the Nature Coast

Check Amount: _____ Check Number: _____ Cash Amount: _____
Credit Card Type: Master Card Visa Credit Card Amount: _____
Name on Credit Card: _____
Credit Card Number: _____ Expiration Date: _____
3 Digit Code: _____ (From Back of Credit Card) Zip Code: _____

For donations of goods or services, please describe below and provide a dollar value:

	\$ _____
	\$ _____
	\$ _____

Thank you for your generous contribution.

This form is a receipt for your donation. Please retain for income tax purposes.

“No goods or services were provided by Friends of Citrus and the Nature Coast in exchange for this donation.”

Friends of Citrus and the Nature Coast Registration No. CH1413

100% of each contribution is received by Friends of Citrus and the Nature Coast.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.

Name of Person Accepting Donation: _____