



FLORIDA K OF C CHARITIES, INC DONATION FORM

A District, Council, Assembly, Business or an individual may make a donation of \$250.00 or more and request that the amount be made payable to the organization(s) of their choice. The designated organization must have and EIN (#), and be a registered 501(c)3 organization. Please be sure the EIN and the Recipient Organization Name and Address are correct. Individual and corporate donations are tax-deductible within the limits of the law.

Date: _____ Check #: _____ Total Donation: _____

DONATION FROM: (check one):

- Region _____
 District _____
 Council _____
 Assembly _____
 Member # _____
 Corporate Business Individual

Company/Name: _____

Contact: _____

Address: _____

City/State/Zip: _____

Email: _____ EIN: _____

Contact Information for Florida K of C Charities Notification of Check Mailing

Name: _____ Title: _____

Address: _____ Phone: _____

City, State, Zip: _____

E-mail Address: _____ Council Assembly

Donations to Florida k of C Charities Fund:

We request that at least 10% of the donation be designated for Florida K of C Charities Funds to assist with statewide charitable efforts. Donations to these funds will be appropriately credited toward Florida State Council Charitable Fundraising Goals.

Fund	Amount	Fund	Amount
Vocations	\$ _____	Disaster Relief	\$ _____
Special Olympics	\$ _____	Helping Life	\$ _____
Mobile Disabilities	\$ _____	Ultrasound Initiative	\$ _____
Citizens with Disabiities	\$ _____	Project Name _____	
General Charities	\$ _____	(If no specific project, enter "General")	

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE (1-800-435-7352). REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Florida K of C Charities, Inc Registration #: CH18054



FLORIDA K OF C CHARITIES, INC DESIGNATED DONATION FORM

DONATION TO: (Please complete entire form and confirm EIN # and mailing address)

Donation will be mailed DIRECTLY to Recipient Organization

Organization Name: _____ Amount: \$ _____
Contact Name: _____ EIN #: _____
Address: _____ Phone: _____
City, State, Zip: _____
E-mail Address: _____ Donation Purpose: _____

Organization Name: _____ Amount: \$ _____
Contact Name: _____ EIN #: _____
Address: _____ Phone: _____
City, State, Zip: _____
E-mail Address: _____ Donation Purpose: _____

Organization Name: _____ Amount: \$ _____
Contact Name: _____ EIN #: _____
Address: _____ Phone: _____
City, State, Zip: _____
E-mail Address: _____ Donation Purpose: _____

Organization Name: _____ Amount: \$ _____
Contact Name: _____ EIN #: _____
Address: _____ Phone: _____
City, State, Zip: _____
E-mail Address: _____ Donation Purpose: _____

WHO TO SEND FORMS & CHECKS TO

Make checks payable to: ***Florida K of C Charities, Inc.***, write the selected program for the check in the memo line (for example, "Special Olympics") and send both the check and the completed FSC Form to:

Rich Dahn
c/o Florida K of C Charities, Inc.
4801 Bonita Bay Blvd. #203
Bonita Springs, FL 34134

Florida K of C Charities Director:
Rich Dahn Phone: 239-989-2124 Email: rdahn32@gmail.com

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