



BOYS & GIRLS CLUBS
OF CENTRAL FLORIDA

Partnership Contribution Form

Donation is Personal Corporate Group Other: _____

Donor name: _____ Title: _____

Phone: _____ Business Personal

Email: _____ Business Personal

Company name (for recognition purposes): _____

Company mailing address: _____

City: _____ State: _____ Zip: _____

Company Facebook URL: _____ Company Twitter URL: _____

I agree to support Boys & Girls Clubs of Central Florida with a:

Financial contribution Gift amount: \$ _____

Gift-in-kind donation Gift value: \$ _____

Volunteer project Date: _____ Location: _____

Description/comments: _____

Boys & Girls Clubs of Central Florida contact: _____

Donation acknowledgement goes to: _____ Title: _____

Phone: _____ Email: _____

Address if different than above: _____

City: _____ State: _____ Zip: _____

Donor signature (required)

Date

Please complete this form carefully. A tax receipt will be sent to you for your donation.

Thank you. We appreciate your contribution. Please send form to:

Mary Elduff | Boys & Girls Clubs of Central Florida | 101 East Colonial Drive, Orlando, FL 32801 | 407.841.6855 | Tax ID #59-0951887