



Donation Form

To mail in your check donation please complete the following information.

Contact Information:

Mr. ___ Mrs. ___ Ms. ___

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____ E-mail: _____

Donation Information:

Enclosed is my check in the amount of \$ _____

Make checks payable to: ***Parent to Parent of Miami***

Program Destination:

- General Donation

Dedication:

- On behalf of: _____
- In honor of: _____
- In memory of: _____

Mail this form and your check(s) to:

7990 SW 117th Avenue Suite# 200
Miami, Florida 33183