

## **Donation Form**

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

Contact Informa	ation:		
Mr Mrs	Ms		
First Name:		Last Name:	
Address:			
City:	Zip Code:	E-mail:	
Donation Inform	nation:		
Enclosed is my ch	eck in the amount of \$		
Make checks pa	yable to: <i>Parent to Pare</i>	nt of Miami	
Program Destin	ation:		
o General Donation			
<b>Dedication</b> :			
o On behalf	On behalf of:		
o In honor	In honor of:		
o In memo	ry of:		

## Mail this form and your check(s) to:

7990 SW 117<sup>th</sup> Avenue Suite# 200 Miami, Florida 33183

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. CH14810.