

Donation Form

THANK YOU for your gift! La Amistad Foundation's Lakewood Center is a 501(c)(3) non-profit organization. Contributions are tax-deductible to the extent allowed by law, and you will be mailed an acknowledgement letter for your records.

Date:	Gift Amount: \$							
☐ Please make	this an a	utomai	tic monthl	ly recurring	donation			
Credit Cards:	VISA	MC	AMEX	DISCOVE	R			
Name on card:_					Card #:			
Exp. Date:	Secui	rity Cod	le:	Signature:				
Checks: Please r Lakewood Cent	er / 8400	La Am	istad Cove	e / Fern Par	k / FL / 32730		DONATE button	
Wire Transfers: or 407-332-171	Please co							
Stocks, Planned or 407-332-171		ease co	ntact Mai	rlene Sands	at <u>msands@l</u>	akewoo	odcenter.org	
Name:								
Address:								
						_Zip:		
Phone number: Email address:						-		
This gift is made	e:	in	honor of	·	in memory of		_to be used for:	
Please inform:_								
Address:								
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