



Fatone Family Foundation

2793 Valiant Drive Clermont, FL 34711
Phone (321) 206-6581 Fax (407) 654-7985

Fatone Family Foundation Donation Form

Thank you for choosing to give to the Fatone Family Foundation. Please complete this form and mail it with your check to:

Fatone Family Foundation
2793 Valiant Drive
Clermont, Fl. 34711

You can also fax the form with your credit card information to: (407) 654-7985. We will process your donation and mail you an acknowledgement receipt for your tax records.

Gift Levels

- \$25 \$100 \$500
- \$50 \$250 \$1,000
- Other\$ _____(enter amount)

First name_____

Last name_____

Company/Organization_____

Address 1 _____

Address 2_____

City_____State_____ Zip/postal code _____

Country_____

Phone_____

Email_____

Credit card type: Visa Master Card American Express

Account#_____

Expiration Date_____

Card holder Name_____

Signature_____

Thank you

Your generous contribution enables the Foundation to further its programs designed to help individuals who are terminally ill, disabled and less fortunate.