



## 2020 Charity of Choice - Donation Form The Spring of Tampa Bay

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Form of payment:**

Check       Visa       MasterCard       AmEx

Name on card: \_\_\_\_\_

Billing address of card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security code: \_\_\_\_\_

Signature: \_\_\_\_\_

Email receipt to: \_\_\_\_\_

**Please fax form to 407-679-0010, email to [cheryl@floridarroof.com](mailto:cheryl@floridarroof.com), or mail to:**

**FRSA  
Attention: Cheryl Sulock  
PO Box 4850  
Winter Park, FL 32793**

*Thank you for your support!*