

## **Honor/Memorial Donation Form**

☐ Yes. I would like	to make a <b>don</b>	ation in honor or in m	<b>emory</b> of a person, place, occasion, etc.
1. Gift Amount:		_	
<b>2.</b> Type of payment:	☐ Visa	☐ MasterCard	☐ Cash or Check
NAME (as it appears or	n card, if applica	able)	
ADDRESS			
PHONE NUMBER		EMA	IL
ACCOUNT #	<del>-</del>		EXPIRES
SIGNATURE			DATE
OR			
<b>4.</b> Please notify the fo	ollowing of my	gift:	
NAME			h, etc.)
	(name, o	organization, business, churc	h, etc.)
ADDRESS			
CITY:		_STATEZIP CODI	Ε
5. Please print this for Waterfront Rescue P.O. Box 870 Pensacola, FL 3259 Fax: (850) 478-408 Note: Please mail y	Mission Admi 91 32		r cash.
Waterfron	t Rescue Miss	sion, Inc. · 1-888-853-80	655 · www.waterfrontmission.org
For Waterfront Rescu			
Date received		Processed by	