



Donation Form

Thank you for supporting the Plantation Foundation!

Date: _____

First Name(s): _____ Last Name(s): _____

Please check here **IF your address has NOT changed OR you are LISTED** in our Member Directory:
If not, please complete the information below: (Your email address will be used to send a tax receipt.)

Address: _____ Telephone: _____

Email address: _____

Payment method: Check Credit Card Amount \$ _____ **OR** ↓

Plantation Account # _____ Amount: \$ _____

Periodic Cycle: Monthly Quarterly Semiannual Annual

Must access Plantation Foundation web page for payment by credit card:
<http://www.theplantationpvb.com/Donate>

Signature: _____ (Required for Plantation Billing)

May we publish your name in the Morning Line-Donor List and our web site: YES NO

Please indicate if this is in honor or memory of someone: _____

Please return this form to: Jim Giralдин, 140 Retreat Place or email to JPGiraldin@gmail.com

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