

Mail to:

Adopt-A-Family
P.O. Box 1553
Bradenton, FL 34206

Enclosed is my tax-deductible donation of \$ _____

Name/Contact Person _____

Organization _____

Address _____

City, State and Zip Code _____

Telephone _____

Email Address _____

My employer matches contributions Yes _____ No _____

My employer's name and address is: _____

My employer can be reached at this phone number:

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE
OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800 -
435-7352) WITHIN THE STATE REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL
OR RECOMMENDATION BY THE STATE. Refer to CH4637.

www.adoptafamilymanatee.org