



DONATION FORM

Thank you for your donation to our organization *Cecil Field POW/MIA Memorial, Inc.*, a 501 (c)3 organization. Donations made to our organization may be tax deductible (please discuss with your tax consultant). The donor is responsible for determining the value of the donation.

The undersigned donor agrees to contribute (or has contributed) to Cecil Field POW/MIA Memorial, Inc. the gift(s) or service described below. **Please be sure to complete this form and return a signed copy to Cecil Field POW/MIA Memorial, Inc. at the address listed below to complete the recognition process.**

GIFT INFORMATION

Date of Gift: _____

Value of gift: \$ _____
(Donor must assign value)

Description:

DONOR INFORMATION

Name: _____ Title: _____

Business Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Donor wishes to remain anonymous

Donor's Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO:
Cecil Field POW/MIA Memorial, Inc.
6112 POW-MIA Memorial Pkwy
Jacksonville, FL 32221

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