Orlando Sentinel FAMILY FUND
A McCORMICK FOUNDATION FUND

Please send in your donation with this form to:

Orlando Sentinel Family Fund
Processing Center
24541 Network Place
Chicago, IL 60673-1245

Personal Information:

Prefix _____ First _____ M.I. _____ Last _____ Suffix _____

Spouse Information

Prefix _____ First _____ M.I. _____ Last _____ Suffix _____

Is this donation on behalf of an organization? ☐ Yes ☐ No Org. Name _____

Street Address _____ Apt./Unit _____

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Phone ( ) _____ Email _____

Donation Information:

I would like to make a gift in the amount of: $_____

_____ Enclosed is my check payable to *Orlando Sentinel Family Fund*

____ Please charge my: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number _____ Exp. _____ Signature _____
(*RR McCormick Fdn* will appear on your statement)

____ I would like to make this a recurring gift. Charge my credit card $_____ on the first Monday of every month until further notice.

Have you included an employer matching gift form? ☐ Yes ☐ No

Donation Acknowledgment

You can choose to make your gift a tribute to a person you know or admire.

Please make my gift: In honor of _____
In memory of _____

If you would like this individual or his/her family to receive a letter from the Orlando Sentinel Family Fund recognizing your gift, please include the information below.

_____
_____
_____

Your name and donation may be listed in future publications or online. To be included, check Yes below.

☐ Yes, publish my name as: _____

☐ No, do not publish my information.

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