



Donation Form

CONTRIBUTOR INFORMATION (Your personal information will be kept confidential)

Donor's Full Name (as you would like it to be listed): _____
Street Address: _____ City: _____ State ____ Zip _____
Telephones: Personal (_____) _____ Work: (_____) _____
E-mail address: _____

I would prefer that my donation be anonymous (i.e. no recognition or listing in annual report)

DONATION AMOUNT

A RECURRING DONATION EACH MONTH A ONE-TIME DONATION

IN THE AMOUNT OF: \$2,000 \$1,000 \$500 \$100 \$50 \$25 Other: \$ _____

Check here if your gift is eligible to be matched by your employer (please enclose matching gif form)
Employer Name: _____

METHOD OF PAYMENT

I have enclosed a check (please make check payable to *Prospera*)
 Please bill my credit card: Card type: Visa MasterCard American Express Discover
 Cardholder information same as donor above
Cardholder Name: _____ Billing Zip Code: _____
Credit card number: _____ Exp. Date: ____/____/____ Security Code: _____

I hereby authorize Prospera to process payment for the above donation using the information provided.

Cardholder Signature: _____ Date: _____

Please mail completed form with payment to:
Prospera, 3201 E. Colonial Drive, Suite A20, Orlando, FL 32803
For questions or details, call 407-413-8564 or email billing@prosperausa.org

Prospera is a community-based 501(c)(3) non-profit organization, Federal Tax ID 59-3341405.

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