Please mail this completed form to:
William R Gaines Jr. Veteran Memorial
Fund 3280-36, Unit 121
Port Charlotte, FL 33952

Donation Form

Please print this form and complete the information below to ensure proper preparation of your tax receipt (please print clearly).

Today's Date: _____

Amount of Check: $_____ (Please make payable to the:

William R Gaines Veteran Memorial Fund Inc).

Donor Name: _____

Organization Name (if applicable): _____

Address: _____

City: _____ **State**: _____ **Zip Code**: _____

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Email: (optional) _____

Telephone Number: (optional)_____ □ Home □ Mobile

Your questions and feedback are very important to us. Please feel free to contact us at wrgainesjr.org or call 1-813-785-6709. Thank you for your support.

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