

AN OPPORTUNITY TO HELP FRIENDS

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Please make check payable to *La Amistad Foundation*.

My company will match my gift.
Enclosed is my matching gift form.

Please charge my gift to my credit card:
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Contact me regarding my gift
in the form of stock, a planned gift,
or as an endowed named scholarship.

Card # _____

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I have included La Amistad in my will.

Signature _____

La Amistad Foundation, Inc. is a 501(c)(3) nonprofit organization. Contributions are tax-deductible.

Name: _____

Address: _____

City: _____ State _____ ZIP _____

Phone Number: _____

E-mail Address: _____

This gift is made in honor of in memory of:

Please inform: _____

Address: _____ City _____ State _____ ZIP _____

Thank you for your gift.

La Amistad Foundation, Inc.

8400 La Amistad Cove

Fern Park, FL 32730