



Donation Form

Second Chance-Last Opportunity

Donor Information (please print)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home or bus.)	
Telephone (cell)	
E-Mail	

**\$50 pays for an instructional shopping trip for a youth *\$120 pays for 8 week life skills for one client
 *\$200 pays for a Sisters Circle participant to attend a Women's Empowerment Conference in Orlando
 *\$500 pays for educational materials *\$2,000 covers printing expenses for a year
 *\$16,000 pays for the 'Out of the Box' youth program *\$25,000 pays for Sisters Circle for 6 months*

Donation Information

I am pleased to donate today \$_____ to be paid in the form of:

___ cash ___ check ___ credit card ___ from my donor advised fund at CFSC/GCCF

Credit card type	
Credit card number	
Expiration date	
3 digit security code	
Authorized signature	

Pledge Information

I am pleased to pledge \$_____ to be paid on a monthly basis/by the end of December 2020.

I plan to make this contribution regularly in the form of:

___ cash ___ check ___ credit card ___direct bank deposit

Signature(s)	
Date	

Please make checks, corporate matches, or other gifts payable to:

Second Chance-Last Opportunity
 P.O. Box 1027, Sarasota, FL 34230

www.SecondChanceLastOpportunity.org
 (941) 360-8660