

Gift Form



FLORIDA VETERANS
— F O U N D A T I O N —

Donor Name(s): _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ E-Mail: _____

Donor Signature: _____

Type of Gift:

_____ Personal Asset Donation

_____ Real Property Donation

_____ Endowment Pledge

_____ Life Insurance Beneficiary

_____ Will Bequest

_____ Other (please describe) _____

Good Faith Estimate of the Gift: \$ _____

Please return to:

Florida Veterans Foundation
Director of Donor Relations
The Capital, Suite # 2107, 400 South Monroe Street
Tallahassee, FL 32399-0001