FAIA Good Works Fund Contribution Form

Print Name: _____

Agency/Company: Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

PAYMENT TYPE: **Amount of contribution: $** _____

☐ MC ☐ Visa ☐ American Express ☐ Discover ☐ Check

Card Number: _____

Print Name as it Appears on Card: _____

V-Code: _____ Exp. Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Please make checks payable to CFNF/FAIA Good Works Fund*.

Please complete the information above and return it with your check (made payable to CFNF/FAIA GoodWorks Fund) to:

CFNF
1621 Metropolitan Blvd., Suite A
Tallahassee, FL 32308

If you would like to transfer other assets, need help putting the FGWF in your will, or have other questions, please send an email to FAIAGoodWorks@faia.com.

*Community Foundation of North Florida (CFNF) is a 501(c)(3) organization, which will be assisting us in managing the funds. Your contribution to the FAIA Good Works Fund is deductible to the extent allowed by federal tax laws.