

DONATION FORM

**We are making a donation to the
Flip Flops Foundation, LLC!**

DONATION TYPE: MAILED CHECK STOCK GIFT

DONATION AMOUNT: _____

If you wish to keep your name/donation amount anonymous, check box:

If you intend to match your donation thru an employer, check box:

DONOR NAME: _____

DONOR NAME: _____

(both spouses names required if married/filing taxes jointly)

DONOR ADDRESS:

Street: _____

City, State, Zip: _____

DONOR EMAIL: _____

- _ address/email required to receive tax donation receipt from Foundation Source
- _ tax receipts to be distributed approximately February for each prior year's donations
- _ please mail this form to Foundation Source along with your signed check
- _ please email this form to our Finance chair, Pat Bryant: finance@flipflopsfoundation.org