



Eastern Florida
STATE COLLEGE
FOUNDATION

AFFILIATION (Please select one):
 ___ Friend
 ___ Employee
 ___ Grad _____ year
 ___ Other _____

Eastern Florida State College Foundation, Inc.
 3865 North Wickham Road, FL 32935
 Phone: 321-433-7055
 Fax: 321-433-7647

Donation Amount \$ _____

Mr. Mrs. Ms. Dr. Other _____

Name: _____ Spouse: _____

Home Address: _____

City _____ ST _____ Zip code _____

Home Phone: _____ Cell Phone: _____

Birthday (month/day) _____ Spouse DOB _____

E-mail address: _____

How would you like to be acknowledged in print materials? _____

Donation Type (Please choose one below)

- Unrestricted Foundation Donation EFSC Textbook Scholarship Donation
 General EFSC Scholarship Donation Other: _____

Method of Payment

- Check/money order enclosed payable to EFSC Foundation
 Credit Card: VISA MASTER CARD
 ACH/Debit:

Name as it appears on card/bank account: _____

Bank Account No: _____ Routing No: _____

OR

Credit Card Number: _____ Exp. Date: _____ CVV: _____

Amount: _____ One time: _____ Monthly: _____

Authorized Signature _____

Date: _____

My company matches charitable contributions