



DONATION FORM

How your DONATION can help make a difference:

- _____ \$25 Supplies a Walker or Crutches
- _____ \$50 Supplies Medications
- _____ \$100 Covers a 1 night hospital stay
- _____ \$250 Provides diagnostic testing and x-rays
- _____ \$500 Provides Physical Therapy for 5 patients
- _____ \$1000 Provides the Prosthetic Implant
- _____ \$3,000 Sponsors one patient's full cost for a total hip or knee replacement
- _____ \$ _____ Custom Amount

Any donation large or small is greatly appreciated.

To which doctor or for what are you specifically donating? _____

Operation Walk Florida, Inc. is a 501(c)(3) not-for-profit charitable organization (FEIN: 82-4340041). All donations are tax-deductible to the extent provided by law. Please type and fill out the information below to ensure correct preparation of your receipt for tax purposes:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Please print out and return this form along with your check made payable to **Operation Walk Florida, Inc.** Please send this form and check to:

Operation Walk Florida, Inc.
Attn: George Etheridge
P.O Box 486, Palm Harbor, FL 34682
(727) 385-2646

Visit our website to learn more: www.operationwalkflorida.org