



ACCEPTING 2026 TRIP DONATIONS

HOW YOUR DONATION CAN HELP MAKE A DIFFERENCE

- _____ \$25 Helps to supply a Walker or Crutches
- _____ \$50 Helps supply Medications
- _____ \$100 Helps covers one night hospital stay
- _____ \$250 Helps to provide diagnostic testing and x-rays
- _____ \$500 Helps to provide Physical Therapy for patients
- _____ \$1,000 Helps to cover Surgical Supplies
- _____ \$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

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: _____

E-Mail Address: _____

ON BEHALF OF DOCTOR /TEAM _____

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

TO DONATE

Credit Card or PayPal Visit our website @ www.operationwalkflorida.org

FOR MORE INFORMATION CONTACT Susie Heinrichs @ owf.susie@gmail.com