



## Donation Form

### Enclosed is my gift of:

- \$5,000+                       \$250+  
 \$1,000+                       \$100+  
 \$500+                               \$50+                       Other \_\_\_\_\_

### Personal Data (please print clearly)

Your name or name of business/organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Does your company have a matching gift program: \_\_\_\_\_

### Please make check payable to *Early Learning Coalition of Miami-Dade/Monroe* or provide your credit card information below.

VISA or MasterCard number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Phone number of mailing address: \_\_\_\_\_

Thank you for your support. Your contribution will provide help to enhance early care and education in our community.

### Mail the completed form to:

Early Learning Coalition of Miami-Dade/Monroe  
2555 Ponce de Leon Blvd., 5th Floor  
Coral Gables, Florida 33134  
305.646.7220  
305.447.1608 (fax)