



Camillus House

**Please mail this form and your check to:
Camillus House
Attn: Website
P.O. Box 011829
Miami, FL 33101-1829**

PLEASE PRINT ALL INFORMATION CLEARLY.

Date: _____

Enclosed is my check in the amount of \$ _____ payable to Camillus House.

Name: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

PLEASE CHOOSE THE TYPE OF DONATION YOU ARE MAKING:

General Donation

Gift in memory of: _____

Name of deceased

Please send an acknowledgement card to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tell us how you would like to have the card signed: _____

Name of person

Gift in honor of: _____

Name of person

Please send an acknowledgement card to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tell us how you would like to have the card signed: _____

Name of person

Camillus House thanks you for your support of our mission.

Your contribution is tax-deductible. 100% of all contributions are received by Camillus House. (Florida Registration # SC-12773.)