



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: \_\_\_\_\_

**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.)