



# Tax Deductible Gift Form

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Gift Amount: \$ \_\_\_\_\_

**Please Send Tax Deductible Gift Form and check to:**

*Dean for Extension  
University of Florida  
P.O. Box 110210  
Gainesville, FL 32611-0210*

**The FAWN Team thanks you for participating in this vital part of our program.**