Focus on Females® Education Foundation, Inc.

Please mail completed form to: Focus on Females Education Foundation, Inc.
P.O. Box 320702
Tampa, Florida 33679-2702

Or fax to: 813-877-7093

Name on Credit Card: _____

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City: _____ State: _____ Zip Code: _____

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Type of Credit Card:
◯ Visa ◯ Mastercard ◯ Discover ◯ American Express

Credit Card Number: _____

Expiration Date: _____ V code: _____ Amount: _____

Do you want to make this a monthly donation? ◯ Yes ◯ No

If Yes, for how many months? _____

Legal Declaration:

By signing below, I do hereby legally declare that I am authorized to incur charges on the above credit card account and do hereby give my permission for Focus on Females Education Foundation, Inc. to charge the above amount to the above listed credit card account number.

Print Name: _____

Signature: _____ Date: _____

REGISTRATION # CH23675
"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

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