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Individual or Corporate

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Ms.

Donor Name *(please print)*

Donor Signature *(required)*

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Preferred Mailing Address Home Work

City

State

Zip

This is a new Address

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Donation Information

Name of Recognition *(please print how you would like your name to appear in all recognition materials)*

I Wish to Remain Anonymous

This is a Gift in Honor Memory of _____

Total Donation \$ _____

Check Enclosed *(please make checks payable to: Seminole County Heroes Memorial Association, Inc.)*

Send contribution to: Seminole Heroes • 1101 East First Street, Sanford, FL 32771-1468

Credit card payments can also be made online at www.seminoleheroes.org

Seminole County Heroes Memorial Association, Inc. • 1101 East First Street, Sanford, FL 32771-1468
President • **Frank Ioppolo** Vice President • **Robert Kohl** Secretary • **S. V. S.** Treasurer • **Lisa Spriggs**

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