

Wings of Hope Foundation



Mail or fax completed form to:
Wings of Hope Foundation
8219 Narrow Leaf Point
Sanford, Florida 32771
Phone: (407) 312-0884
Fax: (407) 321-8039

Donator Information *denotes a required field.

Title: Mr. Mrs. Ms. Dr.

***First Name:** _____

***Last Name:** _____

Company: _____

***Address:** _____

***City:** _____ ***State:** _____

***Zip/Postal Code:** _____ ***Country:** _____

Fax (____) _____ **Phone** (____) _____

***Email:** _____

I wish to receive future email correspondence.

I wish to remain anonymous.

Donation Information

Amount:

\$25 \$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Auction Donation Information (if applicable)

Description of Item or Service _____

Estimated Value of Donation _____

Method of Payment:

Check

Money Order

Please do not send cash.

Thanks for Offering Hope to Children in Need.