



Make a Donation Mail Form
(please print)

Yes, I will support Drowning Prevention!

Name _____

Address _____

City and State _____ Zip Code _____

E-Mail _____ Phone _____

Would you like to have your name listed on our website as a donor? Yes () No ()

Check made payable to OCHD / A.P. Memorial Fund

OR

Bill My:

Credit Card: VISA (___) AMEX (___) MASTERCARD (___)

Credit Card Number: _____ Expire Date: ____ / ____

Signature: _____

Amount Enclosed: \$ _____

Please complete and return to:

OCHD / A.P. Memorial Fund

1875 Boggy Creek Road

Kissimmee, Florida

Phone: 407-933-7946

marci_hummell@doh.state.fl.us

www.swimsafeosceola.com