



Helping Communities
Help Schools

DONATION FORM

DONOR INFORMATION

Please complete ALL the information below.

Name _____

Organization (if applicable) _____

Address _____

Address 2 _____

City _____ State _____ Zip _____

Email _____ Phone _____

When acknowledging my contribution, use this name:

DONATION INFORMATION

School name _____

Teacher name _____

Donation amount _____ (min \$25)

METHOD OF PAYMENT

Check (Enclosed please find amount for \$ _____)

Bill Me

Credit Card (*circle one*) Visa Mastercard Amex

Credit card # _____

Expiration Date _____

Name as it appears on card _____

Please return to:

Adopt-A-Classroom ■ 1521 Alton Road, #347 ■ Miami, FL ■ 33139

If you have any questions call Adopt-A-Classroom at (877) 444-7666
or email us at info@adoptaclassroom.org.

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