



Mail-in Donation Form

Thank you for your support. Your contribution will help us in our efforts. We can't do it without you.

Please share your contact information:

Name: _____

Address: _____

Phone: _____

Email: _____

Employer: _____

Occupation: _____

Employer matching gift?: Yes No

If yes, please remember to submit a matching gift form from your employer.

Donation Amount: _____

We will be happy to direct your gift to your area of interest. Please identify your preference:

Education Health Faith Ecology Community Services

Wherever it is most needed

Please send a check made to *El Buen Samaritano* to the following address:

El Buen Samaritano
PO Box 551387
Ft. Lauderdale, FL 55138