



Florida Retired Educators Foundation

I/We wish to donate \$_____ to the FREF

In the Memory of:

Please inform the following person of this memorial tribute:

Name:

Relationship:

Address:

City:

State:

Zip:

Sender's Name:

Address:

City:

State:

Zip:

Mail and make checks Payable To:

FREF

10051 5th Street N, Suite 108

St. Petersburg, Florida 33702-2211

100% of each contribution received goes to the Foundation.
FREF registration number is SC-09267 in accordance with the
Solicitation of Contributions Act, Chapter 496, Florida Statutes

For FREF Use Only

Date Rec'd _____

Amt. Rec'd _____

Check# _____