



First Step of Sarasota Donation Form

Name _____ Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

My/our gift is in memory/honor of _____
 on the occasion of _____
 Please provide a name and address for notification.
 Name _____ Telephone _____
 Address _____
 City _____ State _____ Zip _____

I am/we are making a gift to First Step of Sarasota, totaling \$ _____, toward the following fund(s):

\$ _____ Annual Fund - provides new resources and opportunities wherever they are most needed to help First Step provide substance abuse treatment and recovery programs for adolescents and adults.

\$ _____ Capital Projects Fund - supports the growth and enrichment of First Step's physical facilities and recovery community.

\$ _____ Endowment Fund - invested to supply a steady, annual source of funds for the purposes agreed upon by the donor and the organization.

My/our gift to First Step will be paid as follows:

- Check Enclosed (payable to First Step of Sarasota)
- Credit Card Visa MasterCard Discover American Express

Credit Card # _____ Expiration Date _____

Other _____

In the following installments (payments will be invoiced as indicated)

- Quarterly Semi-Annually Annually

My/our contribution is eligible for a matching gift:

Company Name _____ Telephone _____

- Form enclosed I will send a form separately

Mail completed form to:

First Step of Sarasota, Development Office
1970 Main Street - 5th Floor, Sarasota, FL 34236 • 941-552-2476



A CARF-Accredited Organization

Administrative Offices • 1970 Main Street, 5th Floor • Sarasota, FL 34236
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Changing Lives, Saving Families