

PLEASE PRINT

Contributor Information (Optional):

Name: _____ Company: _____
Address: _____
City _____ State _____ Zip _____
Phone #: _____ Email: _____
Website: _____

May we include your name as a Contributor/Sponsor on our website? Yes No Thanks

Contribution:

100% of donations will go to the children of South Florida Reservists and National Guard Troops.

_____ I would like to contribute \$_____ to sponsor a child(ren) for a one-year deployment.

| | | |
|---------------|---------|------------------|
| Red Sponsor | \$ 300 | (One child) |
| White Sponsor | \$ 600 | (Two children) |
| Blue Sponsor | \$ 900 | (Three children) |
| Hero | \$1,000 | |

_____ I would like to make a donation in the amount of \$_____ to support the efforts of Operation Brave Kids.

County Preference (Optional):

| | |
|----------------------|----------------------|
| As Needed: \$ _____ | Palm Beach: \$ _____ |
| Broward: \$ _____ | Monroe: \$ _____ |
| Miami-Dade: \$ _____ | |

Please make checks payable to:

OPERATION
Brave KIDS

Mail or fax your Contribution Form to:

1898 SE Port St. Lucie Blvd., / Port St. Lucie, FL 34952 / Ph: (772) 380-9997 / Fax: (772) 380-9902
Website: www.operationbravekids.org / Email: OperBraveKids@aol.com