Florida Retired Educators Foundation		
NAME OF UNIT	DATE:	
MAIL AND MAKE CHECKS PAYABLE	TO:	
		FREA Office Use Only
FREF	1	Date Rec'd
8950 9 th St N. suite 105		Check #
St. Petersburg, FL 33702-3047		Amt. Rec'd
DONOR: () Individual ()		2 per mbr
	Unit	3 per mbr
		4 per mbr
		55 per mbr
I or We wish to contribute: \$ to the FRE Foundation, Inc.	1	Memorial
CHECK ONE: () In Memory of	ŀ	Honor
() ,		Specific Schol
() In Honor of		
() Named Scholarship		
() Designated Scholarship		
() Unit Donation to the Foundation (fill out Section	on #2 only)	
Section #2 - Check one box please: () \$2 per Local Member () \$3 () \$4 per Local Member () \$5 per Local Member () Other	per Local Mer	nber
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.		
Please inform the following person of this loving tribute:		
Name:	Relationship:	
Address:		
City: State:	Zip:	
Sender's Name:		
Address:		
City: State:	Zip:	