Florida Retired Educator	rs Found	ation
NAME OF UNIT	DATE:	
MAIL AND MAKE CHECKS PAYA FREF 8950 9 th St. North Suite 1 St. Petersburg, FL 33702-3	.05	PREA Office Use Only Date Rec'd Check # Amt. Rec'd
DONOR: () Individual	() Unit	\$2 per mbr. \$3 per mbr.
I or We wish to contribute: \$ to the Florida Retired Educators Foundation, Inc.		\$4 per mbr. \$5 per mbr.
CHECK ONE: () In Memory of		Memorial Honor
() In Honor of		Specific School
() Named Scholarship		
() Designated Scholarship () Unit Donation to the Foundation (fill out 9)		
Section #2 – Check one box please: () \$2 per Local Member () \$3 p	cal Member () C to the Foundation accordance with the	n. ne
Please inform the following person of this loving tribute:		
Name:	Relationsh	nip:
Address:		
City: State:	Zip:	
Sender's Name:		
Address:		
City: State:	Zip:	
For FREA Office Use Only		
Treasurer		
Thank You		
Unit Sat		