



**Eckerd Youth Alternatives, Inc.**  
 Development Department  
 100 Starcrest Dr., Clearwater, FL 33765  
 Ph. (727) 461-2990

**G I F T F O R M**

*I believe in the uniqueness, dignity and inherent worth of every individual. I am pleased to make this gift.*

**Personal Information:**

Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_\_) \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Contribution Information:**

Please use my gift:

- Where it's most needed
- Specific facility or program: \_\_\_\_\_

How would you like your name to be published? \_\_\_\_\_

- I prefer to make my donation anonymously

- Enclosed is my gift of \$ \_\_\_\_\_

(Please make your check payable to Eckerd Youth Alternatives, Inc. or give confidentially online at [www.eckerd.org](http://www.eckerd.org).)

- Please charge my gift of \$ \_\_\_\_\_ (EYA accepts American Express, MasterCard, and Visa.)

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

**Tribute Information**

This gift is: (Please select one)  in honor of /  in memory of \_\_\_\_\_  
(Name)

Please send notice of this remembrance to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

We respect your privacy!

Please know that personal information you provide to us (including your name and e-mail address) will not be shared with any other organizations.

**Kindly mail this completed form to the address above.**

Contributions may be tax deductible to the fullest extent of the law.