



Please mail this form and your check to:
Under Our Rainbow, Inc
5367 Spring Hill Drive
Spring Hill, FL 34606

Date: _____ (Please print all information clearly)

Enclosed is my check in the amount of \$ _____ payable to Under Our Rainbow, Inc.

My name: _____

Address: _____

City, State _____

Home phone: _____

(Receipt will be sent to the above address)

TYPE OF DONATION (Please choose one)

General Donation _____

Gift in memory of: _____ (name of deceased)

Send acknowledgement card to:

Name: _____

Address: _____

City, State, Zip _____

How would you like the card to be signed? _____

Gift in honor of: _____ (Name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City, State, Zip _____

How would you like the card to be signed? _____

We Thank You For Your Support....Your Contribution Is Tax Deductible