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FLORIDA  
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# Yes!

I would like to support the Florida Community College Foundation with a gift of \$ \_\_\_\_\_

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Please provide your name as you would like it listed in the Foundation's Annual Report

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### My gift of support:

I would like to pay by check. (Please make checks payable to the Florida Community College Foundation, Inc.)

Please bill my credit card:  AMEX  VISA  MasterCard

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

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

I would like to donate through payroll deduction. Please deduct \$ \_\_\_\_\_ per pay period.