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Prescription for Florida's Prosperity
1103 Hays St. Tallahassee, FL 32301

QUESTIONS? CONTACT:

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THIS CONTRIBUTION IS FROM:

Business (Name of business):

Individual (First & Last Name):

CONTRIBUTOR INFORMATION

Contact Name: Prefix _____ First _____ Middle _____ Last _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Type of Business (For Corporations) _____

Cell Phone _____ Email _____

Employer _____ Occupation _____

CREDIT CARD CONTRIBUTIONS

Credit Card: (Check One)    

This Card Is Used For: Business Personal If business, name of business _____

Card Number _____ Amount \$ _____

Expiration Date _____ CSC _____ Cardholder Name _____

Signature _____ Date _____

CONTRIBUTIONS ARE NOT DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES.

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