



# **OPERATION RECOVERY**

## **Donation Form**

### **Donor Information**

BUSINESS NAME	NAME (LAST, FIRST, M.I.)
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE
WEBSITE	ALTERNATE PHONE

### **Donation Description**

CHECK ONE: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> OTHER	
AMOUNT / DESCRIPTION	DATE
NOTES	

### **Contact Information**

Please mail to:

Operation Recovery, Inc  
23781 US Hwy 27, STE 412  
Lake Wales, FL 33859

OperationRecovery.org

Thank you for your generous donation!