



## **Individual Giving Order Form** *(Please print)*

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

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

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Gift Level Selection \_\_\_\_\_

### **Payment Information**

A representative will be more than willing to pick up your payment. Please email [mlemire@floridaballet.org](mailto:mlemire@floridaballet.org) to make arrangements. We also accept payments via mail. Please send this form along with your payment to The Florida Ballet, 300 East State Street, Suite E, Jacksonville, Florida 32202. Checks should be made payable to The Florida Ballet or payment can be made by filling out the credit card information below.

#### **Credit Card:**

**MasterCard—Visa—American Express (circle one)**

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_