

SCS Donation Form

Yes! I want to help give a second chance to deserving people in our community.

My tax deductible contribution is:

*BELOW**

\$25 ___ \$50 ___ \$100 ___ \$1,000 ___ Other ___

Please make checks payable to: Second Chance Society, Inc. Name _____

1835 SE 4th Avenue
Fort Lauderdale, FL 33316

Address _____

Address _____

City _____ State ___ Zip

Please charge my donation to:

Visa ___ MC ___ AMEX ___ Discover ___ Other ___
Account #: _____ Exp Date ___/___

Thank you for your gift!

A receipt will be sent. Second Chance is a 501(c)3 tax exempt organization

A COPY OF THE OFFICIAL REGISTRATION FINANCIAL INFORMATION MAY BE OBTAINED FROM THE
DIVISION OF CONSUMER SERVICES BY CALLING 1-800-435-7352 TOLL-FREE WITHIN THE STATE.
REGISTRATION DOES NOT IMPLY ENDORSEMENT. OUR FLORIDA REGISTRATION NUMBER IS CH14445

We wish to become a friend of SCS by giving a regular gift of \$ _____ per month.

**CREDIT CARD INFORMATION CAN BE COMPLETED*