



From Our Hearts

Please complete this form providing us information regarding your donation.
Please mail your donation, along with this form to the address below.

Name of Donor: _____

Address of

Donor: _____

In Honor of: _____

In Memory of: _____

Thank you for your generous donation. It will be used to provide breast care, cancer screening and treatment to qualified residence of the Greater Pine Island area.

From Our Hearts, Inc., P.O. Box 356 · Matlacha, FL 33993

www.fromourheart.org, fromourhearts.org@gmail.com

A Copy of the Official Registration and Financial Information for This Organization May Be Obtained From the Division of Consumer Services By Calling Toll-Free Within The State. Registration Does Not Imply Endorsement, Approval, or Recommendation By the State. From Our Hearts, Inc. Registration Number – CH2811

Division of Consumer Services can be reached at 1-800-HELP-FLA (435-7352), www.FloridaConsumerHelp.com