

\_\_\_\_\_ Yes, I/we will attend the FCF reception.

\_\_\_\_\_ Please reserve \_\_\_\_\_ ticket(s) at \$\_\_\_\_\_ per ticket

\_\_\_\_\_ I would like to contribute and be a:

\_\_\_\_\_ Hero \$5,000 \_\_\_\_\_ Champion \$2,500

\_\_\_\_\_ Protector \$1,000 \_\_\_\_\_ Friend \$500

Sorry, I cannot attend but enclosed is my donation of  
\$ \_\_\_\_\_

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Please complete credit card information below if contribution will be charged to an Amex, Visa or MC account.

Card # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Auth. Signature \_\_\_\_\_

Additional Information on Reverse

**RSVP by May 14, 2009**

Make checks payable to

**Florida's Children First, Inc.**

Guests  
attending: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide us with the names of your guests as soon as possible. If you are not able at the present time to provide them, please send an email with the names to [fcf@floridaschildrenfirst.org](mailto:fcf@floridaschildrenfirst.org) .

**RSVP by May 14, 2009**

Make checks payable to Florida's Children First  
Federal I.D. # 52-2372998

Our contribution is tax deductible with the exception of \$25 per person attending the event. For more information about FCF or to make a donation electronically or by phone call 954-796-0860 or email [fcf@floridaschildrenfirst.org](mailto:fcf@floridaschildrenfirst.org)

**Florida's Children First  
P.O. Box 1812  
Tampa, FL 33601-1812**