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William O. Russell III President & CEO

269 S. Osprey Ave. Sarasota, FL 34236

Name: _____

Unit Address: _____

Contribution Affidavit

Complete the information below to verify that you contribute to the household of FirstName LastName.

Please make sure that you complete the signature of this form in front of a Notary Public. This form will not be accepted if it is not notarized.

Type of Contribution	Amount Paid	Frequency (circle one)			
Cash	\$	Daily	Weekly	Monthly	Yearly
Payment of Bills	\$	Daily	Weekly	Monthly	Yearly
Purchase Products	\$	Daily	Weekly	Monthly	Yearly
Other	\$	Daily	Weekly	Monthly	Yearly

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department of the United States Government. I certify that this information is true and correct.

Name of Contributor _____ Signature _____

Date Completed _____ Phone # _____

STATE OF FLORIDA
COUNTY OF SARASOTA

Sworn to or affirmed and signed before me on _____ by _____.

Notary Public Signature, State of Florida: _____

Type or Print Notary's Name: _____

Personally Known to Me: ____ Yes ____ No

Identification Produced: _____

#: _____