



DONATION FORM

Donation From: _____	Bethel #: _____
Address: _____	
City: _____	State/Province: _____ ZIP: _____
Phone #: _____	E-Mail Address: _____
Signature: _____	Date: _____
Donation Amount: _____	

In Memory Of In Honor Of Other: Name: _____

Acknowledgement to: _____	
Address: _____	
City: _____	State/Province: _____ ZIP: _____
Phone #: _____	E-Mail Address: _____

**Return this form, together with a check made payable to the HIKE Fund, Inc., to the HIKE Secretary
DO NOT SEND CASH**

**HIKE Secretary
10115 Cherry Hill Place
Spring Hill FL 34608-7116**

**If you have questions, please contact the HIKE Secretary at:
Phone: 352-688-2570 or e-mail: ceterrill1@aol.com**