



## ISLA DEL SOL's 32<sup>nd</sup> ANNUAL PLAY FOR HUNGER

### DONATION FORM

**Complete this form indicating your donation amount and return to:**

**Ann Kaman, Accounting, Isla Del Sol Yacht & CC, 6000 Sun Blvd, St Petersburg, FL 33715**

Print your name(s) as you want it to appear in the program and Hole Sponsor Signage (if applicable)

\_\_\_\_\_ Member #: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Paying by Check:** Include your check(s) with this form. Please make your checks payable to Daystar Life Center and/or St Pete Free Clinic (NOT Isla Del Sol or Play for Hunger).

- Indicate amount of check to Daystar Life Center \$ \_\_\_\_\_
- Indicate amount of check to St Pete Free Clinic \$ \_\_\_\_\_
- Total contribution \$ \_\_\_\_\_

**Charging your ISLA account:** Please provide your Isla Member # \_\_\_\_\_

- Indicate amount to be donated to Daystar Life Center \$ \_\_\_\_\_
- Indicate amount to be donated to St Pete Free Clinic \$ \_\_\_\_\_
- Total contribution \$ \_\_\_\_\_

**Paying by Credit Card:** You may go to each charity's website [www.daystarlife.com](http://www.daystarlife.com) / [www.stpetersburgfreeclinic.org](http://www.stpetersburgfreeclinic.org) OR provide Ann Kaman in accounting with your credit card info and the club will process your credit card payment. Return this completed form to Ann Kaman, Accounting @ Isla Del Sol.

- Indicate amount donated to Daystar Life Center \$ \_\_\_\_\_
- Indicate amount donated to St Pete Free Clinic \$ \_\_\_\_\_
- Total contribution \$ \_\_\_\_\_

**Qualified Charitable Distributions (QCD):** Request your plan custodian to make a QCD from your IRA to Daystar Life Center and/or St Pete Free Clinic (NOT Isla Del Sol or Play for Hunger) and indicate the amount you are contributing to the charities by returning this form.

- Daystar Life Center (Tax ID# 85-8012658814) \$ \_\_\_\_\_
- St. Petersburg Free Clinic (Tax ID# 23-72082800) \$ \_\_\_\_\_
- Total contribution \$ \_\_\_\_\_

For questions regarding how to make a QCD contribution, contact St Pete Free Clinic, Elicia Hinson 727-821-1200 x154; and/or Daystar Life Center, Jane Walker 727-894-5323.

**If your company has a matching gift program,** please provide information as to the amount that will be matched:

- Daystar Life Center \_\_\_\_\_% and/or St. Petersburg Free Clinic \_\_\_\_\_%
- Name of Company or Foundation \_\_\_\_\_

**I WILL NOT BE PARTICIPATING IN PFH but I want to contribute. Please charge my Isla Account.**

Isla Member # \_\_\_\_\_ \$250 \_\_\_\_\_ \$150 \_\_\_\_\_ \$100 \_\_\_\_\_ Other \_\_\_\_\_ (indicate amount)