



Fresh Produce & Floral Council Educational Foundation
FPFC Apprentice Program Donation Form

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION

Donor Name (First Name and Last Name): _____

Organization Name (Fill this out only if you're making your donation on behalf of an organization):

ADDRESS INFORMATION

Address (If you're making this donation on behalf of an organization, please provide the company's address): _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone: _____

PAYMENT OPTIONS

One Time Gift Amount: _____

I'm mailing a check made payable to the FPFC Educational Foundation

Please charge my credit/debit card:

Visa Mastercard American Express Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____ 3-digit code (4-digit AMEX): _____

Fresh Produce & Floral Council Education Foundation
Please mail this completed form to:
P.O. Boz 3627, Lake Arrowhead CA, 92352