

SPIRIT GYMNASTICS YOUTH ASSOCIATION

HUGS SPECIAL NEEDS PROGRAM

Contributor _____

Contact: _____

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Telephone # _____

AMOUNT

_____ \$5.00 _____ \$10.00 _____ \$25.00 _____ \$50.00 _____ \$100.00

_____ \$250.00 _____ \$500.00 _____ \$1,000.00 OTHER _____

CARD _____ American Express _____ Visa _____ MC _____ Discover

Card Number _____

Exp. Date Month _____ Year _____

Honor Someone With Your Contribution (optional)

Recipient's Name _____

Please print legibly

Recipient's Name will be posted on the HUGS website



Donate By Mail:

**PRINT THIS FORM
AND MAIL**

**Spirit Gymnastics Youth Association, Inc.
21 Spirit Lake Road
Winter Haven, FL**

DONATE BY PHONE

863-875-4839

Sandy DeJarnett