



I / WE WOULD LIKE TO HELP SEND ONE OR MORE CHILDREN TO ENJOY AN EDUCATIONAL PROGRAM AT THE CITY OF OCALA'S DISCOVERY CENTER.

Your Name / Organization					
Street Address					
City		State		Zip	
Phone					
Email Address					

Enclosed is my donation to the Discovery Center Foundation: \$ _____
(Donations are tax deductible.)

I prefer my gift be specifically directed to a student in this program.

Name of student: _____

Please return this form with your donation to:

**Discovery Center Foundation
701 NE Sanchez Avenue
Ocala, FL 34470**

Your receipt will be mailed to the above address.

On behalf of our scholarship children...

THANK YOU!

701 N.E. Sanchez Ave.
Ocala, FL 34470
Phone: (352) 401-3900 Fax: (352) 368-5514
mydiscoverycenter.org | Discovery@ocalafl.org