

**BUBBA THE LOVE SPONGE® FOUNDATION
CHECK DONATION**

Date of Donation: ___ / ___ / _____

Full Legal Name: _____

Address Line One: _____

Address Line Two: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____ - _____

Amount you wish to Donate: \$ _____.

Make the Check Payable to:

The BTLS Foundation
P.O. Box 21061
Tampa, Florida
33622

Please Attach the Check Here: