



*Keeping Our Beaches Bare*

Contact:

Shirley Mason, Executive Director

Phone: 305-318-8821

E-mail: exdirbeaches@aol.com

## DONATION FORM

<p><b>B.E.A.C.H.E.S. Foundation General Purpose Fund:</b>          Non-earmarked contributions that may be used to fund all activities of the Foundation according to need, including but not limited to the activities described under our special fund accounts below, and administrative and operating costs.</p>	<p><b>Donation Amount:</b></p> <p>\$ _____  <i>General Fund</i></p>
<p><b>Female Top-Free Freedom Fund:</b>          This special fund supports legal cases that challenge institutional, legal and cultural discrimination against women that prevent them from removing their tops in places and situations where men are not prevented from doing so. Contributions may be used to support legal case costs, expert witnesses, professional research and opinion polls, funding academic studies, and costs for plaintiffs and lawyers to travel to court hearings, speaking engagements &amp; media events. Funds may also be used to support women's health issues.</p>	<p>\$ _____  <i>Top-Free Freedom Fund</i></p>
<p><b>Save Our Beaches Fund:</b>          Contributions are earmarked for funding environmental and safety programs, development of new and traditional beaches; formation and mentoring "friends of" beach user groups; private / public partnerships for capital improvements for safety and environmental features at beaches, waterways, and parks; special events, symposia, and conferences; etc.</p>	<p>\$ _____  <i>Save Our Beaches Fund</i></p>
<p>Please make check payable to <b>B.E.A.C.H.E.S. Foundation Institute</b> and mail to the address listed below. B.E.A.C.H.E.S. is a (501)(c)(3) corporation and all donations are tax-deductible to the extent allowed by law.</p>	<p>\$ _____  <b>Total of above</b></p>
<p>Name(s): _____ Date: _____</p> <p>Address: _____ E-mail: _____</p> <p>City/State/Zip: _____ Phone: _____</p> <p> <input type="checkbox"/> Check enclosed             <input type="checkbox"/> Visa             <input type="checkbox"/> MasterCard             <input type="checkbox"/> Discover             <input type="checkbox"/> American Express         </p> <p>Card number: _____ Exp. Date: ____/____ CVV: _____</p> <p>Signature: _____ Billing address zip code _____          (if different from above)</p>	