



## Florida Institute of CPAs Educational Foundation, Inc.

325 WEST COLLEGE AVENUE • P.O. BOX 5437 • TALLAHASSEE, FLORIDA 32314 • TELEPHONE (850) 224-2727 • FAX (850) 222-8190

### LLOYD A. 'BUDDY' TURMAN GENERAL SCHOLARSHIP FUND

I, \_\_\_\_\_, make the following pledge to the Educational Foundation in honor of Buddy Turman's 30+ years of service to the FICPA.

I PLEDGE A TOTAL OF \$ \_\_\_\_\_.

Payable as:  One-time Contribution  Billed over 5 years (if gift is \$500 or greater)

Name: \_\_\_\_\_ FICPA Member #: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### METHOD OF PAYMENT

Check enclosed in the amount of \$ \_\_\_\_\_

Please charge \$ \_\_\_\_\_ (at this time) to my company-issued credit card.

Please charge \$ \_\_\_\_\_ (at this time) to my personal credit card.

Visa

MasterCard

American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

CVC/CID/CVV Code: \_\_\_\_\_ (3-digit code on the back of the credit card)

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to the **FICPA Educational Foundation**, reference "**Lloyd A. 'Buddy' Turman General Scholarship Fund**" and mail to:

**FICPA Educational Foundation**  
**P.O. Box 5437**  
**Tallahassee, FL 32314**

\_\_\_\_ I have included the FICPA Educational Foundation in my estate planning by leaving a "Legacy Gift" to the profession that has given me so much.

\_\_\_\_ No, I haven't yet, but please send me information on how I may be part of this exciting program.

The Florida Institute of Certified Public Accountants' Educational Foundation, Inc. is recognized as tax exempt under section 501(c)(3) of the Internal Revenue Code. Contributions are tax deductible to the fullest extent of the law.

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