

## Make a Donation

### Donor Information:

Name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

### Donation Options:

Donation Amount: \$ \_\_\_\_\_

One-Time or  Recurring – Frequency: \_\_\_\_\_  
*(monthly, quarterly, annual)*

My check is enclosed payable to KCLS Foundation.

Please charge my credit card.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

My employer will match the gift.

Company Name: \_\_\_\_\_

### Honorary/Memorial Designations:

This gift is in honor of \_\_\_\_\_

This gift is in memory of \_\_\_\_\_

Please notify the following of my honor/memorial gift:

Name: \_\_\_\_\_

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

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