



Organization Donating To: _____

Donation Amount: \$ _____

(Minimum donation of \$10)

Donor Information:

☐ I/We would like to make this donation anonymously.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____ **Phone:** _____

Payment Details:

☐ Credit Card: _____ Exp: ____/____ 3 Digit Code (on back): _____

Signature: _____

☐ Cash

☐ Check No.: _____ Check Date: 12-7-2023

Make Checks Payable to KACF **Include in the memo line:** _____