



**Organization Donating To:** \_\_\_\_\_

**Donation Amount: \$** \_\_\_\_\_  
(Minimum donation of \$10)

---

---

### Donor Information:

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

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

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

### Payment Details:

☐ Credit Card: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ 3 Digit Code (on back): \_\_\_\_\_

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

☐ Cash

☐ Check No.: \_\_\_\_\_ Check Date: 12-4-2025

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