



MAIL-IN DONATION

Donation Amount: _____ Note: _____

Donation Frequency: One-Time or Re-occurring Monthly

*Please provide us with the following information so that we may properly receipt your donation.
(Please Print)*

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail Address _____

Checks payable to: The Kisseman Children's Foundation

-or-

Please fill in the following information for credit card donations:

Credit Card Number:

Expiration Date: /

Please circle one: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CID/ CVV #: _____ Phone Number: _____

Cardholders Name (as it appears on credit card): _____

Billing Address (if different than above): _____

Signature: _____

THANK YOU FOR YOUR DONATION!

Please mail to: The Kisseman Children's Foundation, 1135 Oak Hill Avenue, Hagerstown, MD 21742
Kcfghana.org