

Ken's Kids, Inc.

Donation Form:

I would like to donate the following amount: \$ _____ *Please circle one:* Monthly Single

Donating by Check

Please mail check with this form to:

Ken's Kids Inc.
130 W. 29th Street
Suite 500
New York, NY, 10001

Donating by Credit Card

Please provide the following information:

Please circle the type of credit card you would like to use:

VISA MasterCard American Express Discover

Credit Card #: _____ Expiration Date: _____

Name on Credit Card: _____

All Donors

Please provide the following information in full:

Please circle your preferred: Dr. Mr. Mrs. Ms. None Other: _____

First Name: _____ Last Name: _____

Mailing Address: _____ City: _____

Country: _____ State: _____ Zip Code: _____

Preferred Contact: Telephone: _____ Email: _____

How did you hear about Ken's Kids? _____