



## Kisses from Katie, Inc. Donation Form

**Please select a donation level:**

- \$500       \$250       \$100       \$50       Other Amount: \$ \_\_\_\_\_  
 Donation of Goods: \_\_\_\_\_

**Donor Information**

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

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

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

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

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

**Are you making this gift in**     memory or     in honor of someone?

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

Occasion:  Anniversary     Birthday     Graduation     Other: \_\_\_\_\_

**Who should we notify about your gift?**

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

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

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

**Please mail completed form along with a check (if applicable) made payable to "Kisses from Katie" to:**

Kisses from Katie, Inc.  
P.O. Box 3378  
Milford, CT 06460

**Thank you for your donation!**