



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!