



Assistance League of Kansas City

Donation Form

Enclosed is my check in the amount \$_____. Please make your check payable to Assistance League of Kansas City or ALKC.

Donor Name: (please print) _____

Address: _____

City/State: _____ Zip: _____

In Honor of: In Memory of: _____

Please send acknowledgment card to:

Name: (please print) _____

Address: _____

City/State: _____ Zip: _____

Assistance League may publish names and/or donations that may be viewed by the community. Please check the corresponding box. (If not checked, we assume permission is given.)

- You may include my name.
- You may include my donation amount.
- Do **not** include any information. I wish to remain anonymous.

You may specify the program to which you want your donation directed:

- Assault Survivor Kits®
- I'm In Charge
- Operation Hug
- Senior Outreach Service
- Birthday/Celebration Bags
- Operation Child In Need
- Operation School Bell®

Or you may make an unrestricted donation

Please return your donation along with this form to:

**Assistance League of Kansas City
6101 N. Chestnut Avenue
Gladstone, MO 64119**