



## 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Assault Survivor Kits®    | <input type="checkbox"/> Best Foot Forward |
| <input type="checkbox"/> Birthday/Celebration Bags | <input type="checkbox"/> I'm In Charge     |
| <input type="checkbox"/> Operation Child In Need   | <input type="checkbox"/> Operation Hug     |
| <input type="checkbox"/> Operation School Bell®    | <input type="checkbox"/> Outreach          |
| <input type="checkbox"/> Senior Outreach Service   |  |

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**