

To make a Donation to The Kaleidoscope of Hope Foundation, please complete the form below and mail with your check made payable to Kaleidoscope of Hope Foundation to:

The Kaleidoscope of Hope Foundation
PO Box 1124
Madison, NJ 07940

Thank you.

CONTACT INFORMATION

Title:

First Name(s):

Middle Name:

Last Name:

Company Name:

Mailing Address:

City

State

Postal Code

Country

1st Email

2nd Email

GIFT INFORMATION

I am making a gift donation in the amount of \$ _____

This gift is being made:

___ Just Because I want to help

___ In Memory/Support Of _____

Please send a tribute card to:

Title:

First Name(s)

Mailing Address

City

State

Postal Code

Country

1st Email

2nd Email

Gift given by: _____ (i.e. your name, family's name, anonymous)

Outside of The Kaleidoscope of Hope Foundation, I wish to remain anonymous for this gift Yes / No

My Employer will match this gift Yes / No

Employer/Company Name: _____