



### Donor Information

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_

### Purpose of Donation

In honor of **OR**  In memory of: \_\_\_\_\_

Event/Fundraiser Name: \_\_\_\_\_

Recurring Donation Pledge: \$ \_\_\_\_\_ Every \_\_\_\_\_ month(s)

### Donation Acknowledgement Letter

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

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

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

***Please make checks payable to 'KDVS Foundation' and mail to: KDVS Foundation -  
609A Piner Road, Suite 319, Wilmington, NC 28409***

**THANK YOU FOR YOUR DONATION!**