



KEY CLUB

PEDIATRIC TRAUMA PROGRAM DONATION FORM

RECOGNITION INFORMATION:

Club Name: _____

Division: _____ Region: _____

Amount of Money Submitted: \$ _____

Money Submitted By: _____

Check One: Club Member or Officer Kiwanis or Club Advisor

Email: _____

Phone Number: _____

Please indicate the mailing address for where we should send a thank you letter:

Address: _____

City: _____

State: _____

Postal/Zip Code: _____

Make checks payable and mail to:
Kiwanis Cal-Nev-Ha Foundation
8360 Red Oak Street, Suite 201
Rancho Cucamonga, CA 91730

Memo Line: Division ##



THANK YOU for your donation to the Pediatric Trauma Program!

Please be sure to keep a copy of this form as your official receipt. For your tax records, the Foundation's Tax ID number is 94-1623498.