



KVC

Kansas

people matter

KVC Kansas Donation Form

KVC Behavioral HealthCare KS:

21344 West 153rd Street
Olathe, KS 66061
(913) 499-8100
Tax ID #: 48-0770308

Thank you for caring about the children and families served by KVC. Your support is important to us! Because of your kindness, we are able to better meet the needs of all those touched by KVC.

Please consider your copy of this form your donation receipt for non-monetary gifts. If you have any questions or wish to become involved, please contact us or visit www.kvckansas.org.

TYPE OF DONATION: *(please check)*

In-Kind

Date: _____

Value of In-Kind Donation: \$ _____

Description of In-Kind Donation: _____

Gift Card Amount: \$ _____

Cash/Check Amount: \$ _____

CONTACT INFORMATION:

Organization or Individual Donor Name: _____

Organization Contact Name: _____

Telephone Number: _____ Ext: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Would you like to receive the KVC Newsletter? Yes No (*electronic* *paper*)

FOR KVC EMPLOYEE:

KVC Staff Person: _____

Office Location: _____ Phone Number: _____

Thank You Sent?: Yes No Date Sent: _____

*Please attach a copy of all checks.