

Annual Fund Appeal Donation Form

Please complete this form and enclose it with your payment, payable to the Kentucky Speech-Language- Hearing Foundation (KSHF).



Name (as you wish listed): _____

Address: _____

City, State, ZIP Code: _____

Phone Number: _____

E-mail address: _____

I would like to support the KSHFoundation as a/an:

- PACE Setter (\$100 and above)
- Founder (\$50 to \$99)
- Contributor (\$25 to \$49)
- Other \$ _____

Would you like to remain anonymous?

Yes

Payment Information

Amount Enclosed: \$ _____

Checks - Payable to ***Kentucky Speech-Language Hearing Foundation or (KSHF)***

Credit Card Information

Card Number: _____

Expiration Date: _____ (Month/Year)

Mail Completed Form to: **838 East High Street
Suite 263
Lexington, KY 40502**

Is your donation being made in memory or in honor of someone special? If so, please complete the following:

In Memory of: _____

In Honor of: _____

Thank You for donating to the KSHFoundation!

The KSHFoundation is a 501(c)(3) nonprofit organization under the regulations of the Internal Revenue Service. All contributions to the Foundation are tax-deductible to the extent provided by law.

Tax ID: 81-4148887