



## 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 \$ \_\_\_\_\_

### 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  
P.O. Box 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.*