

To make a Donation to The Kaleidoscope of Hope Foundation, please complete the form below and mail with your check made payable to Kaleidoscope of Hope Foundation to:

The Kaleidoscope of Hope Foundation  
PO Box 1124  
Madison, NJ 07940

**GIVER's INFORMATION**

Title:

First Name(s):

Last Name:

Company Name:

Mailing Address:

City

State

Postal Code

Email:

**GIFT INFORMATION**

I am making a gift donation in the amount of \$\_\_\_\_\_

Gift given by: \_\_\_\_\_ (i.e. your name, family's name, anonymous)

Tribute Occasion: Anniversary, Birthday, Christmas, Hanukkah, In Memory Of , Mothers Day, In Support of, OTHER: \_\_\_\_\_

Their name, if this gift is in memory or support of someone, \_\_\_\_\_

**PLEASE SEND A TRIBUTE CARD TO:**

Name(s)

Mailing Address

City

State

Postal Code

Email

**THANK YOU**