



KALEIDOSCOPE OF *Hope* OVARIAN CANCER FOUNDATION

Funding Research and Awareness for Ovarian Cancer

General Donations

I am making a donation in the amount of \$ _____

Donor First Name: _____ Donor Last Name: _____

Donor Street Address: _____

Donor City: _____ Donor State: _____ Donor Zip Code: _____

Telephone: _____ Email: _____

Optional Dedication/Tribute Information

In memory of _____ In memory of Name: _____

In honor of _____ In honor of Name: _____

Other _____ Other tribute Name: _____

(OTHER EXAMPLES: Anniversary, Birthday, Christmas, Hanukkah, Mother's Day, In Support of...)

Would you like a Tribute Card Sent?

No

Yes *(If Yes, then please fill out below):*

Recipient First Name: _____ Recipient Last Name: _____

Recipient Street Address: _____

Recipient City: _____ Recipient State: _____ Recipient Zip Code: _____

Message for Card: _____



Return this form with a check payable to "Kaleidoscope of Hope Ovarian Cancer Foundation." to:

Kaleidoscope of Hope Ovarian Cancer Foundation

P.O. Box 1124

Madison, New Jersey 07940

Questions? Please don't hesitate to contact us at (973) 644-0500 or at info@kohnj.org.

ALL financial donations will be used by KOH in support of our mission which is to raise funds to increase awareness and fund research for early diagnostic tests and a cure for ovarian cancer. Whether your donations are in support of our September Walks, In Memory/Support of someone, an end-of-year donation or just because – all donations support our mission and are tax deductible.