Kansas Chapter of
Children's Advocacy Centers

DONATION FORM

DONOR INFORMATION

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Donor Address _____

Donor Email _____ Donor Phone: ( ) _____

TYPE of DONATION

_____ Cash/Monetary Gift Amount Enclosed: $_____
Make checks payable to: Kansas Chapter of Children's Advocacy Centers.

_____ In-Kind Estimated/Stated Value: $_____
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Thank you for your gift. KCCAC appreciates your generosity.

Kansas Chapter of Children's' Advocacy Centers
P.O. Box 14845
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For KCCAC Use Only

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