



**PLEASE MAIL TO:**  
 KAL Foundation  
 3400 Fremont St.  
 Modesto, CA 95350-1051

## The Kelsi Austin Lowe Foundation : Contributions

*Please complete this form and mail it to the above address with your contribution:*

Yes, I'd like to partner with the **Kelsi Austin Lowe Foundation** to help raise money to give to families with children who have terminal or debilitating illnesses. These funds help families stay together during the most vital time of their lives. **I am pleased to make a generous donation of:**

\$100     \$250     \$500     \$1000     \$2500     Other \$ \_\_\_\_\_

**Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_ **Nighttime Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

I have enclosed a check for \$ \_\_\_\_\_ made payable to **KAL Foundation** or **California Community Foundation** (our umbrella).

I authorize **California Community Foundation** to collect my gift of \$ \_\_\_\_\_ from my credit card.

- Visa
- MasterCard
- American Express

**Credit Card Number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Card-holder Signature** \_\_\_\_\_