



**KidsPeace®**  
**DONATION INFORMATION FORM**  
 (▲ – Sections to be completed)

Scan & email to [gina.stano@kidspeace.org](mailto:gina.stano@kidspeace.org)  
 or mail to:  
 KidsPeace Advancement Dept.  
 4085 Independence Dr.  
 Schnecksville, PA 18078

**▲ Donor Information**

Company Name: \_\_\_\_\_  
 Company Contact (First & Last Name): \_\_\_\_\_  
 Title: \_\_\_\_\_ KidsPeace Employee: (Circle One – Y / N)  
 Individual Donor (First & Last Name): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip Code: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**▲ CASH DONATION** \$ \_\_\_\_\_ Date of Gift: \_\_\_\_\_  
 Check Date: \_\_\_\_\_ Check # (if applicable): \_\_\_\_\_ *(Original check should be sent along with this form)*  
 Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 (Circle One – Visa / MasterCard / AmericanExpress / Discover) CVC Code: \_\_\_\_\_  
 In Memory \_\_\_ or In Honor \_\_\_\_\_ of \_\_\_\_\_  
 Send notification letter to (Name and address; relationship to deceased, if known): \_\_\_\_\_  
 \_\_\_\_\_

**▲ IN-KIND (NON-CASH) DONATION** (Item(s) Description) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Estimated Fair Market Value: \$ \_\_\_\_\_

**▲ Donation(s) came from the following approved fundraising event:** \_\_\_\_\_  
**Lawson Program Code:** \_\_\_\_\_ (i.e. 69541)  
**Program Name:** \_\_\_\_\_ (i.e. Columbia FCCP)  
 \_\_\_\_\_ **General Children’s Fund** OR \_\_\_\_\_ **Restricted Children’s Fund**

If restricted, please specify restriction. \_\_\_\_\_

**Submitted by KidsPeace Associate:** \_\_\_\_\_ **Phone Ext.** \_\_\_\_\_