

# The Kellermann Foundation Donation Form

Your name \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

My check for \$\_\_\_\_\_ (payable to **The Kellermann Foundation**) is enclosed.

✓ Project Choice:

\_\_\_\_\_ Education    \_\_\_\_\_ Unrestricted    \_\_\_\_\_ Home-Building

\_\_\_\_\_ Batwa Women's Center    \_\_\_\_\_ Maternal Health

Please send a gift card to:

Recipient's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Your personal message to the recipient:

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*If no personal message is entered, the card will read:*

*"A donation has been made on behalf of (Recipient) to The Kellermann Foundation for (Project)".*