

DONATION FORM



Yes! I want to help KDO empower children through dance!

Please accept my tax-deductible contribution of:

\$25 \$50 \$100 \$250 \$500 \$1,000 Other \$ _____

Enclosed is my check made payable to Kids Dance Outreach.

Please charge my ___ Amex ___ Discover ___ MasterCard ___ Visa **Total payment \$** _____

Signature _____

CC# _____ Exp ____/____ Security Code (required) _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I would like to become a monthly donor. I authorize my card to be charged monthly in the amount of: \$ _____

My company will match my gift. Enclosed is my form.

This gift is... in honor of: _____ in memory of: _____

Please send notification to

Name _____ Address _____ City _____ Zip _____

Email _____ Telephone _____

Thank you!

Mail completed form with payment to:

Kids Dance Outreach 456 N. Meridian St. #44801 Indianapolis, IN 46244 (t) 317.662.4555 www.kidsdanceoutreach.org