

Memorial / Honor Donation Form

"Thank you for your gift. It is greatly appreciated"



Kansas Pharmacy Foundation
1020 SW Fairlawn Rd
Topeka Kansas 66604-2275



Please return this completed form by fax - 785-228-9147 or by mail

Donation: **Memorial Contribution** **Honor Contribution**

In Memory / Honor of _____

Reason for Honor _____

Contribution in the amount of _____ **Individual** **Business**

Name _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email Address _____

Method of Payment: **Check** (payable to KPF) **Invoice** (Include Billing info above)

Visa **Mastercard** **American Express** **Discover**

Credit Card Account Number _____

Card Expiration _____ Security Code _____

Cardholder _____
(name as it appears on the card)

Please notify the person below of my gift:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Non - Designated **Designated - Funds Designated for:** _____

Feel free to call or email should you have questions
Phone: 785-228-2327 Email: info@ksrx.org