



The Kinkaid Foundation

THANK YOU FOR DONATING TO THE KINKAID FOUNDATION

Print out this page, complete the information and mail to:

The Kinkaid Foundation
2885 Golden Gate Ave, San Francisco, CA 94118

CONTRIBUTION AMOUNT: _____

PAYMENT METHOD:

Enclosed is my check (Payable to Kinkaid Foundation)

Please charge my: Visa MasterCard

Account # _____ 3-digit Security Code* _____ Exp. Date _____

Signature _____

*The 3-digit security code is the last three digits on the back of the card

BILLING INFORMATION: (Same as that for your credit card)

Name _____

Address: _____

City _____ State _____ Zip _____

Country _____

Email _____

Telephone _____

Fax _____

HONOREES: If you would like to contribute to the Kinkaid Foundation in honor of or in memory of someone special, we will acknowledge your gift (not the amount) as you designate.

My gift is in honor of _____

My gift is in memory of _____

Send notification of this gift to _____

Address: _____

City _____ State _____ Zip _____

Please keep me up-to-date on Kinkaid Foundation activities. (*We will mail you newsletters, annual reports and event invitations, and e-mail announcements of upcoming activities.*)

Kinkaid Foundation Federal ID number: 26-3610139