



*\*Denotes required field*

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

Address, Line 2: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_

\*Zip Code: \_\_\_\_\_ \*Country: \_\_\_\_\_

Company - if giving is in behalf of Company: \_\_\_\_\_

\*email: \_\_\_\_\_

- I prefer to give anonymously.
- I would like to get occasional news from Kelsey's Kids.

**\*Amount**

- \$25
- \$50
- \$100
- \$500
- Other \_\_\_\_\_

**\*Designation**

- Where needed the most
- Marshmallow Launcher
- To: (Specific hospital or camp) \_\_\_\_\_
- In: (City and State) \_\_\_\_\_
- Kelsey's Krates
- Educational Grants

**\*Payment**

Please print this page and include it with your check.

Mail to: Kelsey's Kids

c/o Pat Bohman

P.O. Box 2004

Glenwood Springs, CO 81602