



Charitable Foundation Contribution Form

Mail to: KKG Charitable Foundation of Houston, P.O. Box 6770, Houston, TX 77265-6770

COVID-19 Emergency Fund

In memory of

In honor of

On the occasion of

Name of Donee _____

Event or occasion _____ Amount \$ _____

Please send the remembrance card to:

Name _____

Address _____

City _____ State _____ Zip _____

Donor's Contact Information

Contributor's name _____

Address _____

City _____ State _____ Zip _____

Cell phone _____ Email _____

Credit Card Information

Name on card _____

Card # _____

Expiration date _____ CVV Code _____

Signature _____

Checks are always appreciated to avoid credit card fees.



www.houstonkappas.org