

**KINCAID'S KINDRED SPIRITS, INC.**

*"Citizens for Healthy Living:  
Sickle Cell Anemia Adult Community Outreach,  
Support & youth Mentoring Group"*

**DONATION FORM**

**DONOR INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL (OPTIONAL): \_\_\_\_\_

**CONTRIBUTION INFORMATION**

PLEDGE AMOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ MONEY ORDER \_\_\_\_\_

**DESIGNATION**

I would like to make this donation in:

Memory of: \_\_\_\_\_

Celebration of: \_\_\_\_\_

**Mail to: Kincaid's Kindred Spirits  
P. O. Box 93142  
Cleveland, Ohio 44101**

THANK YOU FOR YOUR SUPPORT IN BRINGING AWARENESS TO:  
SICKLE CELL ANEMIA

