

# Caring Corner

Club Donations Listing  
Please **PRINT** Legibly

Kiwanis Club Name: \_\_\_\_\_ Division # \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Item / Description	Quantity	Price / Item	Total