



# Memorial Donation Form

## Kaleidoscope Of Caring Inc.

PO Box 21517  
Little Rock, AR 72221-1517  
Phone (501) 350-2767  
www.kaleidoscopekids.org

Date of Transaction

Charity Tax Fund ID # 71-0789703

\_\_\_\_ MM \_\_\_\_ DD \_\_\_\_ YYYY

Donor Name: _____	Phone: _____
Street: _____	
City: _____	State: _____ Zip: _____

Amount Enclosed: \$ _____	Donor Signature: _____
Pay by Credit Card: Name on Card _____	Amount \$ _____
Credit Card # _____	Exp Date _____ Zip Code _____

Donation in Memory of: _____
<u>Contact Information to send Acknowledgement:</u>
Name: _____ Street: _____
City: _____ State: _____ Zip: _____

Notes: _____
_____
_____

On behalf of Kaleidoscope of Caring, Inc. and Hospice Home Care Inc, I would like to offer our sincere condolences to you and your family. The purpose of Kaleidoscope of Caring, Inc. is to honor the passing of loved ones by sharing our caring hospice spirit among those who need assistance. Kaleidoscope of Caring, Inc. provides support to many Hospice patients, families that do not have the means to cope with all that is involved in the dying process. This is made possible by the donors that choose to honor those they love by contributing to *Kaleidoscope of Caring, Inc. a 501(c)3 non-profit charity.*