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

Page _____ of _____

Your donation will go to the benefit of the Service Leadership Programs supported by the Florida Kiwanis Foundation.