



ECKAN

Donation Form

Name: _____

Home Phone: _____ Work Phone: _____

Address: _____

E-mail: _____

YES! I want to make a difference. Please apply my donation to:

- | | |
|---|--|
| <input type="checkbox"/> Where needed most | <input type="checkbox"/> School Supplies |
| <input type="checkbox"/> Youth Services | <input type="checkbox"/> Commodities (food, clothing, etc) |
| <input type="checkbox"/> Youth Action Council | <input type="checkbox"/> Youth in Government |
| <input type="checkbox"/> Christmas Bureau | <input type="checkbox"/> Other: _____ |

\$10 \$25 \$50 \$100 Other \$ _____

- Feel free to use my name as a donor in Agency publications
- I would like my name to remain anonymous

Signature: _____ Date: _____

ECKAN Donations
P O Box 40
Ottawa, KS 66067