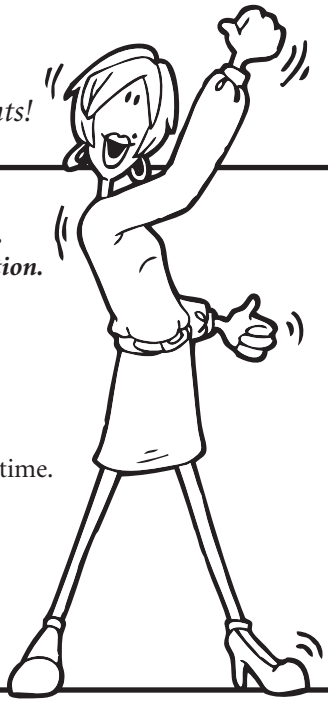
Kagan
CHARITABLE FOUNDATION

Thank you for your generous support.
Your contribution will improve the lives of teachers and students!



Donation Info

❑ **YES!** I to pledge the following donation to the **Kagan Charitable Foundation.**
The Kagan Charitable Foundation is a recognized 501(c)(3) charitable, nonprofit organization. Your donation is tax deductible to the fullest extent allowed by law.

Donation Amount
❑ $500 ❑ $50
❑ $250 ❑ $25
❑ $100 ❑ Other_____
Any size donation helps!

Donation Frequency
❑ One Time
❑ Monthly*
* Donations may be cancelled at any time.

★Double Your Impact!
Dr. Spencer Kagan and Laurie Kagan will match your contribution with a personal contribution in the same amount.

Donor Info

First Name_____ **Last Name**_____
Address_____
City_____ **State**_____ **Zip**_____
Phone ( )_____
Email_____
Email is required. Official receipt is sent via email.

Payment Info

❑ **Cash** ❑ **Attached Check #** _____ Payable to Kagan Charitable Foundation.

❑ **Credit Card #** **Expires** **CVV**

Only provide the last 4 digits if card is swiped at the event. 3–4 Digit Security Code

Signature_____ **Date**_____

This is not a receipt. This form is for your records only. An official receipt will be sent to you via email.

Thank You!

THE KAGAN CHARITABLE FOUNDATION
P.O. Box 73098 • San Clemente, CA 92673
1.800.266-7576 • donations@KaganCharity.org • www.KaganCharity.org

White: Kagan Charitable Foundation • **Yellow:** For Your Records 2015-08