DONATION TO
KANSAS CITY MISSOURI MOUNTED PATROL

Not for Profit 501 c 3 Corporation

DATE_____

DONOR NAME(s): _____

ADDRESS_____

City: _____State: _____Zip Code: _____

TELEPHONE: (___)_____CELL PHONE:(___)_____

Donation received by:_____

DONATION:

( ) CASH: Amount_____Cash___Check___

( ) OTHER: (Please describe in full-We do not assign value to donated items other than cash unless an official appraisal accompanies the donation.)

_____

_____

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Mail to: Kansas City Missouri Mounted Patrol
9000 East 155th Street
Kansas City, Missouri 64149