



KUYA ATE MENTORSHIP PROGRAM

DONOR INFORMATION

Name of Individual/Business/Org: Date:

Mailing Address:

City: State: Zip Code:

Phone: Email:

Other (Facebook/Twitter/etc.):

Please specify the areas to which you would like to apply your donation, as well as the amount of your donation. If an area's goal is already met, the remaining money will go to other areas you have specified or to those in need.

USE MY GIFT TOWARDS

<input type="checkbox"/> Classroom Supplies	<input type="checkbox"/> Recruitment/Retention	<input type="checkbox"/> Other: (Please Specify)
<input type="checkbox"/> Conference Attendance	<input type="checkbox"/> Workshop Materials	<input type="text"/>
<input type="checkbox"/> Community Dialogues	<input type="checkbox"/> All of the above	
<input type="checkbox"/> Marketing		

We also gladly welcome in-kind donations. Please describe your gift of goods or services below.

Value: \$ (US Dollars)

If you would like to remain anonymous, please check this box:

If you need a copy of our W-9 for tax purposes, please check this box:

Please make your check out to “**Asian Pacific Islander American Community Actions**” or “**APICA**” and note “KAMP” in the memo section. Mail your check along with this form to:

KAMP c/o APICA
 PO Box 390681
 San Diego, CA 92149-0681

Thank you in advance for your contribution!

For more information, please contact kampsd@gmail.com or find us online at www.kampsd.org.