



ENHANCING LIVES OF PEDIATRIC PATIENTS AND THEIR FAMILIES
P.O. BOX 645 BATH, OHIO 44210 WWW.KYLIEJANELONG.ORG 330-808-KJLF

I WANT TO HELP LOCAL CHILDREN AND FAMILIES IN NEED!

- I would like to make a tax-deductible monetary donation
- My donation is in honor of or in memory of _____
- My donation is a tribute gift to help celebrate a special occasion in tribute to _____ for _____
(Name) (Occasion)

I have Enclosed my check for \$ _____

Please make checks payable to:

THE KYLIE JANE LONG FOUNDATION

*Note – Credit card donations are gladly accepted on our website:

www.kyliejanelong.org

- I would like to make a tax-deductible product donation of the following item(s):

*You will be contacted regarding the pick-up of this product

Other questions, comments, or offers for assistance?

Name _____ Phone Number _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

Email _____

Please send acknowledgement of this memorial, honor, or tribute gift to

Name _____ Phone Number _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

Email _____

It is because of your contribution that **THE KYLIE JANE LONG FOUNDATION** will be able to enhance the lives of local pediatric patients and their families during their time of need. Thank You!