



## **Memorial Program Chippewa Falls, WI**

# **Special Kid's Day Memorial Program**

### **Subject: Memorial Gift**

The following form is to be used by any person, group, club, or organization interested in making a Memorial Gift to the Special Kid's Day Memorial Program.

Special Kid's Day, Inc. has been created as a non-profit charitable organization. It will oversee the funding of the Special Kid's Day Memorial Program.

Please mail or fax your information to:

**Special Kid's Day, Inc.  
c/o Thomas Leuck  
5210 186th St.  
Chippewa Falls, WI 54729**

Please feel free to call me at any time if you should have any questions. I can be reached at (715) 720-1870.

Thank you for your Memorial Gift.

Tom Leuck

E-Mail Address: [tom@skdinc.org](mailto:tom@skdinc.org)  
Web Site: [www.specialkidsdayinc.org](http://www.specialkidsdayinc.org)

## Memorial Gift / Donation Information

Name of Person / Organization \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Street Address \_\_\_\_\_

City / State \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Web Site Address \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Cell # \_\_\_\_\_

Best time to contact you \_\_\_\_\_

My Donation for Special Kid's Day, Inc. will be for: (Circle One)  
Special Kid's Day, Inc. and all Programs      **Memorial Program**

My Donation will be:

Cash

Amount of Donation \_\_\_\_\_

Other

List Donation Type & Value \_\_\_\_\_

All Special Kid's Day Memorial Program sponsors will have their name printed in the Memorial Gift section of our web Site. This Listing is in type form only.

If you wish to remain anonymous and **not** have your name listed as a sponsor on our web site, please check here: \_\_\_\_\_

Thank you

Tom Leuck  
Chairman, Board of Directors  
Special Kid's Day, Inc.