



KEY CLUB

PEDIATRIC TRAUMA PROGRAM DONATION FORM

RECOGNITION INFORMATION:

Club Name: _____

Division: _____ Region: _____

Amount of Money Submitted: \$ _____

Money Submitted By: _____

Email: _____

Phone Number: _____

Mailing Address for Donation Letter:

Address: _____

City: _____

State: _____

Postal/Zip Code: _____

Make checks payable to:

CNH Key Club

Attn: Bruce Hennings

Cali-Nev-Ha District Office

8360 Red Oak Street, Suite 201

Rancho Cucamonga, CA 91730

Memo Line: Division ##



KIWANIS
Cal-Nev-Ha Foundation
Pediatric Trauma Program

THANK YOU for your donation to the Pediatric Trauma Program!