Print and Send Donation Form

Please mail your tax-deductible donation with this form to:

Every Kid Sports 143 SW Century Drive, Suite 120 Bend, Oregon 97702



We pay. Kids play.

Donor Information		
Title First Name		_ Last Name
Address Information		
City		
Yes, I'd like to receive electronic communications from Every Kid Sports		
Gift Amount □ \$10 □ \$25 □ \$50 □ \$100 □ \$250 □ \$500 □ Other Amount \$		
Card Type Card Nu	imber	
Card Exp (MM/YYYY)	Signature	
Honoree/Memorial Gift If you would like to make this contribution in someone else's honor, please let us know the honoree's name in the space be- low. If you would also like us to send them an acknowledgment, please include their address.		
Title First Name		_ Last Name
Address		
City	State	_ Zip Code
Honoree Message		
C C		

Thank you for your help! You will receive acknowledgment for tax purposes in the mail within two to four weeks. Donations made through this appeal support Every Kid Sports entire mission and will not be designated to a specific program.

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To donate now, visit www.everykidsports.org/donate