



Please fill out and mail to: The Kenney Foundation, Director of Development,
7125 Fauntleroy Way SW, Seattle, WA 98136

Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone number _____

Amount enclosed: _____ Check _____ Credit Card (Visa or Mastercard)

Please use my donation for:

___ *The Kenney Life Care Fund* provides for residents who have outlived their financial resources.

___ *The Kenney Unrestricted Fund* provides for program enhancements (i.e. new elevators or a way to provide transportation to doctor's appointments).

___ *Other* You may designate your gift to other purposes or for special projects at The Kenney by indicating it here _____

Credit Card Information: ___ Visa ___ Mastercard

Card #: _____

Expiration Date: _____

Signature: _____

Name on card (please print): _____

I'd like my donation to be:

___ Anonymous

___ In memory of _____

___ In honor of _____

My company matches donations: _____ yes _____ no

Company Name: _____

Thank You!

You will receive an official receipt from The Kenney for your records