



KAN-DO
Health & Wellness

DONATION INFORMATION CARD

Complete this form and mail it in with your donation to:

KAN-DO Health & Wellness
7733 Hoff Lane
Knoxville, TN 37938

GENERAL INFORMATION

Date: _____
First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ E-mail: _____

PAYMENT INFORMATION

To pay by Credit Card

Select Card Type: Master Card Visa

Card Number: _____

Expiration Date: Month: _____ Year: _____

Card Holder Name: _____ Billing Zip Code: _____

DONATION RESTRICTION

By making your gift unrestricted, we can determine how your donation can have the greatest impact. If you have a preference for the allocation of your donation, you may select a restriction category from the list below:

- Education and services for adults
- Education and services for children
- No restriction

THANK YOU FOR YOUR DONATION!