

The Kaylyn Elaine Warren Foundation
A 501 (c)3 non-profit organization



Print this form and mail with a check payable to **KEWF** to: **KEWF/Kay's Kamp**
560 Peoples Plaza #111
Newark, DE 19702

Name: _____

Address: _____

City, State, Zip: _____

Email address: _____

Phone: _____ Cell: _____

Total enclosed: \$ _____

Please indicate type of donation below

_____ **KEWF Donation** (general fund, operating budget)

_____ **Kay's Kamp Donation**

**The Kay's Kamp staff & medical team are all volunteers.*

_____ **Sponsor a child/staff member for a week of Kay's Kamp (\$1,050.00)**

_____ **Sponsor a kamper/staff member for a day (\$150.00)**

_____ **Sponsor a Mattress for a kamper or staff member at Kay's Kamp (\$100.00)**

_____ **COCA Donation** (Annual conference)

The KEWF is a member of the United Way of Delaware's Gift Giving Program



Please consider making the KEWF your United Way recipient.

Code # 12365

A tax receipt will be sent in December of this year to the name and address listed above.