



Donor Information Form

Date _____

Donor Name _____

Donor Contact Name _____

Donor Contact Email _____ Phone _____

Donor Address _____

Donor City, State, ZIP _____

Donation Type (please circle): Cash / Items / Services

Cash Donation Amount: _____

Items or Services Description: _____

Items or Services Est. Value: _____

Are any services expected to be received from KC Select Soccer Club in return for the Donation? YES / NO

If YES, please describe services to be received: _____

Note: Please remit this form with donation to:

**Treasurer, KC Select Soccer Club
3035 SW Saddlewood Drive
Lee's Summit, MO 64081
(816) 560-8000**