



### Donation Form

Please print this form and complete the information below. If you have any questions, please call Jonathan Gwynn (Shelter Manager) at 785-819-5542.

**Today's Date:** \_\_\_\_\_

**Amount of Check:** \$ \_\_\_\_\_ payable to Salina Grace Foundation

**Donor Name:** \_\_\_\_\_

**Organization Name** (if applicable): \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Email:** (Optional) \_\_\_\_\_

**Telephone Number:** (optional) \_\_\_\_\_

**Please mail this completed form to:**

Salina Grace Foundation  
645 E. Crawford Ste E8  
Salina, KS. 67401

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*Your questions and feedback are very important to us. Please feel free to contact us at [salinagrace.org](http://salinagrace.org) or call 785-819-5542. Thank you for your support!*