

## KIDS GIVE BACK! DONATION

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Donor name: \_\_\_\_\_

Donor email address: \_\_\_\_\_

Who donation is recognizing, if any:

\_\_\_\_\_

Donation occasion: Birthday \_\_\_\_\_

Holiday \_\_\_\_\_

End of year \_\_\_\_\_

Other (fill in) \_\_\_\_\_

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**Please return this form to:**

Brookfield Education Foundation  
P.O. Box 5047  
Brookfield, CT 06804