



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Pledge Number \_\_\_\_\_ Date of Donation \_\_\_\_\_

Gift:  In memory of:  In honor of: \_\_\_\_\_

Send acknowledgement to: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please use my donation in the following manner:

- To assist the present needs of Coleman's clients.
- To assist the long-term needs of Coleman's clients through one of these established endowment funds.
- To sponsor one of the Foundation's special events.

Please contact me with more information about:

- Starting my own named endowment fund.
- Volunteer opportunities.
- Include the Kevin Coleman Foundation in my will or ways charitable giving can help others while providing benefits to my family.

Signature \_\_\_\_\_

**Mail this form and payment to:**  
**Coleman Foundation**  
**5982 Rhodes Road**  
**Kent, Ohio 44240**