



*drive. determination. growth.*  
**thank you for being their partner.**

YES! I'll join **Kingsway Services, Inc.** in helping children and adults with special needs reach their fullest potential.

\$1,500     \$1,000     \$500     \$250     \$100     \$50     Other \$ \_\_\_\_\_

*I support Kingsway as a:*

parent     grandparent     business     friend     staff member     other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (    ) \_\_\_\_\_ email \_\_\_\_\_

Please make this gift     In Honor of     In Memory of \_\_\_\_\_  
*Name*

Send Acknowledgment to (name and address): \_\_\_\_\_

**Please make checks payable to "Kingsway Services, Inc." and mail along with this form to:**  
 Community Relations Dept.  
 Kingsway Services, Inc.  
 244 Route 38 West  
 Moorestown, NJ 08057

**Double your gift!**  
 Did you know that some employers will match a donation from an employee to encourage charitable giving?  
 For more information on Matching Gifts, contact Stefanie at 856-545-0800 ext. 6005 or [smis@kingswaylearningcenter.org](mailto:smis@kingswaylearningcenter.org)