



www.keepachildalive.org
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Brooklyn, NY 11201
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Event Name: _____

Date: _____

Community Event Organizer/Host: _____

Dear Friend of Keep a Child Alive: If you wish to receive information about Keep a Child Alive's upcoming events and ongoing activities, please provide your community event organizer with your contact details. **(Please print).**

Name of Individual:	Address:	Email Address:	Phone# (home/cell)	Donation Amount	Cash/ Check

