

# KHAIR *to* SHARE

**HELP US RAISE  
\$5,000**



**\$25**

\$25 provides class supplies for one KHAIR student.



**\$600**

\$600 pays for all facilitators for a 6-week session.



**\$200**

\$200 covers transportation for at least 7 participants for one session.



**\$100**

\$100 provides gift cards for 4 participants.



**\$50**

\$50 provides food supplies for the nutrition session.



**\$ \_\_\_\_\_**

Choose your own donation amount.

Detach and mail this portion. Make checks payable to: CHNCT Foundation, Inc. Mail to: 11 Fairfield Blvd., Suite 1, Wallingford, CT 06492

**Choose from the following donations:**

\$25.00

\$100.00

\$600.00

**Total Enclosed \$ \_\_\_\_\_**

\$50.00

\$200.00

\$ \_\_\_\_\_

**Option 1**  **Check**

**Option 2**  **Online: Go to [www.wekhair.org/donate.html](http://www.wekhair.org/donate.html)**

Full Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone (daytime): \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I grant CHNCT Foundation permission to link to my website and/or social media sites, and use of my company name on its website and/or social media sites, as well as in any of its electronic or printed materials related to this donation.

