

**Captain Kimberly Hampton Memorial Foundation
Donation Form**

Enclosed please find my donation for:

___ \$250* ___ \$500 ___ \$1000 \$ _____ (other)

Name

Address

City _____ **State** _____ **ZIP** _____

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Phone/Fax

Please send checks directly to:

Captain Kimberly Hampton Memorial Foundation
P O Box 1727
Easley, SC 29641

**Contributions to the Captain Kimberly Hampton Memorial Foundation are tax-deductible.*