



*KIDS OF OUR HEROES ADVENTURE CAMP*  
*Mail-In Donation Form*

**THANK YOU!**

Our mission is to help children (ages 11-17) of our Heroes to develop the coping skills of courage, confidence, and resiliency to overcome the fears and challenges of living with a Wounded Warrior, or rise above the loss of a parent who made the ultimate sacrifice in service to our Nation.

THE KIDS OF OUR HEROES - ADVENTURE CAMP IS A 501(c)(3) TAX-EXEMPT NONPROFIT ORGANIZATION. ALL DONATIONS ARE 100% TAX DEDUCTIBLE!

KOOH-AC reports to the IRS as required by law. We will NOT sell or share your contact information with other parties. Please fill in the following two tables.

INDIVIDUAL OR COMPANY NAME:			
COMPANY REPRESENTATIVE'S NAME:			
AMOUNT OF DONATION:	\$	Check or Money Order Number:	DATE OF DONATION:
May we list you on our website, as an <i>HONORED DONOR</i> or <i>VALUED PARTNER</i> ?			YES (circle either) NO

Donations may be mailed directly to: **Kids Of Our Heroes Adventure Camp**  
**9441 Farm Road 1195**  
**Aurora, MO 65605**

Visit our Website to learn about other ways to donate and support the Kids Of Our Heroes Adventure Camp!

<http://www.kidsofourheroes.org>

~~~~~ CUT HERE & RETURN COMPLETED BOTTOM HALF WITH YOUR DONATION ~~~~ KEEP THE TOP HALF FOR YOUR RECORDS ~~~~~

|                                                                                       |                     |                              |                        |
|---------------------------------------------------------------------------------------|---------------------|------------------------------|------------------------|
| INDIVIDUAL OR COMPANY NAME:                                                           |                     |                              |                        |
| COMPANY REPRESENTATIVE'S NAME:                                                        |                     |                              |                        |
| STREET ADDRESS:                                                                       |                     |                              |                        |
|                                                                                       | CITY / STATE / ZIP: |                              |                        |
|                                                                                       | PHONE:              |                              |                        |
|                                                                                       | EMAIL ADDRESS:      |                              |                        |
| AMOUNT OF DONATION:                                                                   | \$                  | Check or Money Order Number: | DATE OF DONATION:      |
| May we list you on our website, as an <i>HONORED DONOR</i> or <i>VALUED PARTNER</i> ? |                     |                              | YES (circle either) NO |