

# APPLICATION

Dated .....

\$1000 donation check payable to:

**Kiwanis Pediatric Trauma Center**

is  attached  will follow by ..... (date)

Kiwanis Club of .....

Division .....

Kiwanis Contact & Title .....

KPTC Board Contact .....

Club Address .....

City, State, Zip .....

Contact Phone: (Days) .....

(Eve) .....

## KIT WILL BE DONATED TO:

Fire Dept.  Police Dept.  Ambulance Company

Name .....

Contact .....

Community Served .....

Address .....

City, State, ZIP .....

Phone .....

Division .....

**Mr. Joe Corace**  
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