

# Mail-In Donation Form



## Donor Information

BUSINESS NAME	NAME (LAST, FIRST, M.I.)
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE
WEBSITE	ALTERNATE PHONE

## Donation Description

CHECK ONE: <input type="checkbox"/> GENERAL MEDICAL FUND <input type="checkbox"/> SPECIFIC RESCUE <input type="checkbox"/> SUPPLIES <input type="checkbox"/> OTHER	
AMOUNT / DESCRIPTION	DATE
NOTES	

## Contact Information

### **K911 ResQ**

20316 Gramercy Pl.

Torrance, CA 90501 c/o K911 RESQ.

Tax ID: 82-3152843

<https://k911resq.com/>