

KAKEland Cares

in partnership with



Official Nomination Form

I would like to nominate the non-profit organization listed below to receive a KAKEland Cares Wins for Kansas \$500 grant.

Name of Non-Profit _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

This non-profit deserves a grant because:

My name (first & last): _____

My address (street, city, st, zip): _____

My phone number: _____

Please mail completed form to:
KAKEland Cares Wins for Kansas
1500 N. West St.
Wichita, KS 67203



KAKEland