

Kohl's Gift Card Department
Phone: 1-800-653-1774
Fax: 1-262-703-6500
E-Mail: kck@kohls.com
Website: www.Kohls.com/kckgiftcard
Mailing Address: P.O. Box 3120; Milwaukee, WI 53201-3120



Kohl's Cares Fundraising Gift Card Program Application - *Please complete this application form before placing your first order for the Kohl's Cares Fundraising Gift Card program. Please allow 7 – 10 business days for program application processing. You will be notified once the application process is completed.*

Organization Information

Organization Name _____
Phone Number _____ Federal ID Number _____
Address _____
City _____ State _____ Zip _____

Primary Coordinator Information

Name _____ Email address _____
Preferred Phone Number _____ Alternate Phone Number _____

Primary Shipping Address

Address _____
City _____ State _____ Zip _____

Alternative Contact Information

Name _____ Email address _____
Preferred Phone Number _____ Alternate Phone Number _____

Alternative Shipping Address

Address _____
City _____ State _____ Zip _____

For the protection of the organization, when placing an order all information must match current account information on file. This includes contact, shipping address and payment information.

How did you learn about the Kohl's Cares Fundraising Card Program?

- | | | |
|--|---|---|
| <input type="checkbox"/> Magazine Advertisement | <input type="checkbox"/> Fundraising organization | <input type="checkbox"/> Kohl's Corporate Employee |
| <input type="checkbox"/> Kohl's Department Store | <input type="checkbox"/> Kohls.com | <input type="checkbox"/> Personal/Business Acquaintance |

Bank Reference Information (Office Use Only)

Bank Name _____
Phone Number _____ Fax Number _____

Method of Payment for each Fundraising Card Order

- Check (Payment must be received before order will be processed. No personal or starter checks accepted.)
- Direct Debit Transaction—Recommended

Name of Bank _____

Bank Routing # _____

Bank Account # _____

Type of Account Checking or Savings

Authorized Signature _____ Date _____

Print Name _____ Title _____

<p>ATTACH ORGANIZATION'S VOIDED CHECK HERE</p> <p>(Please no starter checks)</p>

Please include proof of your organization's non-profit status along with this application form.

Proof of non-profit status can be:

- A copy of the IRS notice acknowledging you as a 501(c)3 organization
- A letter of determination, from your state, recognizing you as a non-profit organization

You may send this application to Kohl's using any of the three methods listed below:

Fax 1.262.703.6500

Email kck@kohls.com

Mail Kohl's
 Credit-Gift Card Department
 PO Box 3120
 Milwaukee, Wisconsin 53201-3120