

Kohl's Gift Card Department  
Phone: 1-800-653-1774  
Fax: 1-262-703-6500  
E-Mail: [kck@kohls.com](mailto:kck@kohls.com)  
Website: [www.Kohls.com/kckgiftcard](http://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 3 – 5 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?**

- Magazine Advertisement
- Fundraising organization
- Kohl's Corporate Employee
- Kohl's Department Store
- Kohls.com
- 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 \_\_\_\_\_

**ATTACH ORGANIZATION'S VOIDED CHECK HERE**

  
  

**(Please no starter checks)**

**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](mailto:kck@kohls.com)

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