



LOVE LETTERS: RANDOM CARDS OF KINDNESS, INC.

Love Letters "Pen Pal" Application

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VOLUNTEERS

MAKING A DIFFERENCE

NAME: (FIRST/LAST)

ADDRESS:

E-MAIL: _____

PHONE NUMBER: _____

BIRTHDAY: _____

HOBBIES/SKILLS/INTERESTS: _____

VOLUNTEER EXPERIENCE: _____

REFERENCE: (NAME, PHONE, E-MAIL) _____



Sick Children need more than Medicine; They need *Love* and *Support* from their Love Letters "Pen Pals"