Kiwanis
Cal-Nev-Ha Foundation

Champions for Children

To help our donors become more involved in our projects, we created ***Champions for Children***, an annual sustaining donor program. For as little as $10 a month, about the cost of two cups of coffee, your donation will enable the Foundation to continue to "Serve the Children of the World," children like Connor . . .

Connor was diagnosed with leukemia. After two intense rounds of chemotherapy, the decision was made to try a bone marrow transplant. Fifteen days after the transplant, Connor was back at home. "The transplant itself was the easiest part," said Mark. "It's an absolute miracle that they just put the marrow in and it knows where to go and starts growing."

Thanks in part to the Kiwanis Cal-Nev-Ha Foundation, and donors like you, today Connor's family celebrates each day they have together.

I would like to become a Champion for Children and help children like Connor!

By joining today, you help ensure the Kiwanis Cal-Nev-Ha Foundation is here tomorrow, and each day after that, supporting our families, youth and clubs, helping to make each community a better place. **And if you join today, you'll receive our time-limited *Champions for Children* Charter Member Pin.**

☐ **Credit card/debit card** *(American Express, Visa, MasterCard or Discover accepted)* Account Code 40505
I understand the amount I check below will be charged to my credit card on the first of each month:

☐ $10 per month ☐ $25 per month ☐ $50 per month ☐ $100 per month ☐ Other $ _____
minimum $10 per month

☐ At this time I am unable to become a Champion for Children; however, I would like to make a one-time contribution of $ _____ to support the children of the world.

_____ _____
Cardholder Name Signature

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Card Number Expiration Date Security Code*

*For American Express customers, the security code is the 4 digit code located above your credit card number on the front of your card; For Visa, MasterCard and Discover customers, the security code is the last 3 digits located on the back of your card.

Please print your **credit card billing address** on the line below. Thank You.

_____

I understand the Kiwanis Cal-Nev-Ha Foundation is a 501(c)(3) non-profit organization and this tax-deductible gift is freely given with no expectations that I will receive any goods or services in exchange for it. An annual receipt will be sent to the address below for tax purposes.

Please print your name(s) as you would like it to appear in our Annual Report. If you would like to remain anonymous, please complete the information below and check this box ☐.

Name: _____ E-mail: _____

Organization or Kiwanis Club: _____ Daytime phone: _____

Address: _____
Street City State Zip Code

Kiwanis Cal-Nev-Ha Foundation • 8360 Red Oak Street, Suite 201• Rancho Cucamonga, CA 91730-0608
Tel: (909) 989-1500, ext. 116 • Toll Free: (877) 597-1770, ext. 116 • Fax: (909) 989-7779 • Email: foundation@cnhkiwanis.org • Website: www.cnhfoundation.org