Kiwanis
Cal-Nev-Ha Foundation

For Office Use Only:
☐ New Member
☐ Existing Member

FRIENDS OF THE FOUNDATION
****** Formerly the Century Club and Life Fellowship Awards ******

Kiwanis clubs or individuals may become "Friends of the Foundation" with a minimum $100.00 donation to the Kiwanis Cal-Nev-Ha Foundation. A wall plaque, inscribed with the recipient's name, club name, and year of the donation, is awarded. Friends of the Foundation anticipate contributing to the Kiwanis Cal-Nev-Ha Foundation on an annual basis; however, yearly contributions are not required. When an annual donation is made, a dated tab is sent to the donor to be added to the plaque. Each plaque can accommodate six (6) tabs.

This donation is for the 2009-2010 administrative year
All members will be sent a reminder letter in the Fall regarding their next donation.

Recipient's Name _____ Day Time Phone _____
(As it should appear on plaque - PLEASE PRINT NEATLY)

Recipient's Kiwanis Club _____ E-mail _____

Recipient's Address _____ Division _____

This is a surprise! ☐ **Yes** ☐ **No** *(If this is a surprise, please complete the following)*

Name of the person or Kiwanis club who is the donor of this gift _____

Address _____ Division _____

If above is a Kiwanis club, please provide the name of the contact person _____

Day Time Phone _____ E-mail _____

Shipping Preference - ☐ Recipient ☐ Donor ☐ Other (please complete the following)

Name Address E-mail

☐ The "ship to" address is a business address (preferred) ☐ The "ship to" address is a residential address ☐ Please email the FedEx tracking number

Members may designate their contribution toward the SLP Scholarship Fund or may designate their contribution as unrestricted. If you do not select a box below, your gift will automatically become an unrestricted donation. Please check only <u>one</u> box.

☐ **SLP Scholarship Fund** (12.406.10) ☐ **Unrestricted** (12.406)

If you selected the SLP Scholarship Fund above, you may further indicate a single group you would prefer to support. Donors who leave this section blank or indicate "no preference" will automatically donate 1/3 to Circle K, 1/3 to Key Club and 1/3 to KIWIN'S.

☐ Circle K (32.406.10) ☐ Key Club (31.406.10) ☐ KIWIN'S (33.406.10) ☐ No Preference (12.40502)

Payment Method -

☐ Check *(made payable to Kiwanis Cal-Nev-Ha Foundation – please do not staple your check to this form. Thank you!)*
☐ Credit Card *(We accept Visa, MasterCard, American Express and Discover)*

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 <u>front</u> of your card; For Visa, MasterCard and Discover customers, the security code is the last 3 digits located on the <u>back</u> of your card.

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

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