

Announcing . . . 2011-2012 Matching Dunlaps!

For Pediatric Trauma

Act now as matching funds are limited to the first 100 people to respond!

The Kiwanis Cal-Nev-Ha Foundation is pleased to announce we have received a matching gift of \$50,000 to be applied towards William A. Dunlap Awards. These matching funds are available on a **first come, first served** basis until funds are depleted or September 30, 2012, whichever comes first. Your completed application and \$500 contribution must be received by the Foundation Office in order to qualify for this program. We cannot accept incomplete applications or applications without payment. Your \$500 contribution to the Foundation is tax deductible!

Recipient's Name: _____
As it should appear on plaque - PLEASE PRINT NEATLY Kiwanis Member Number

Recipient's Kiwanis Club: _____ Division: _____

Recipient's Address: _____

Recipient's Day Time Phone: _____ E-mail: _____

Today's Date: _____ Presentation Date: _____

*Date must be included or order cannot be processed

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 Kiwanis member # or Club Key #

Address: _____ Division: _____

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

Day Time Phone: _____ E-mail: _____

Please send Dunlap materials to: Recipient Donor Other (please complete the following)

Name: _____

Address: _____

We cannot ship to Post Office Boxes - Please be sure to include the city, state and zip code! This is a business address (preferred) This is a residential address

Please check here if you would like the FedEx tracking number emailed to this address: _____

Payment Method -

Check (made payable to Kiwanis Cal-Nev-Ha Foundation; please do not staple your check to this form.)

Credit Card (We accept Visa, MasterCard, American Express and Discover)

Amount Enclosed:
\$ 500.00
40507DF/40660PTP/40666PTP

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.