

<i>For Office Use Only:</i>	
Dunlap #	_____
Level	_____



WILLIAM A. DUNLAP FELLOWSHIP

\$1,000 Membership Fee



Your \$1,000 contribution to the Foundation is tax deductible!

5% of this donation will be designated for the Kiwanis Cal-Nev-Ha Foundation's unrestricted fund. Installment payments may be made over a four-year period at \$250.00 per year. Presentation may be made once the total amount is received.

You may direct 50% of your contribution toward one of the following programs. Please designate only one program. If you do not designate a program, your gift will be placed in the William A. Dunlap Endowment Fund. The interest only from the endowment is used to support the programs of the Foundation.

- | | | |
|--|--|---|
| <input type="checkbox"/> Unrestricted support of the Foundation's Program Services (Supports all projects) | <input type="checkbox"/> Pediatric Trauma Program
<input type="checkbox"/> SLP Scholarship Fund (Supports all 3 groups) | <input type="checkbox"/> Circle K Scholarship Fund
<input type="checkbox"/> Key Club Scholarship Fund
<input type="checkbox"/> KIWIN'S Scholarship Fund |
|--|--|---|

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

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: _____

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. Thank you!)*
- Credit Card *(We accept Visa, MasterCard, American Express and Discover)*

Cardholder Name _____ Signature _____

□□□□□□□□□□□□□□□□

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.