

## **Make A Gift by Mail**

**Personal Check** 

Make checks payable to the Kiwanis Health Camp Foundation and mail along with this gift/pledge form to:

Kiwanis Health Camp Foundation PO Box 13498 Flint, MI 48501

## **Donor (Your) Information**

☐ Student Athlete Program

☐ Educational Scholarship Fund

Name		
Street Address		
City	State	Zip
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Amount	Check #	Date
<b>Designated Areas of Giving:</b> — Kiwanis Grantmaking		MANIS

Please keep a copy of this information for your records.