

# KIWANIS OF MI FOUNDATION DONOR CARD



Donor Information:

Donor's Name \_\_\_\_\_  
 Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 I (we) are employed by a matching gift company & have enclosed their form.  
 Credit to Kiwanis Club of \_\_\_\_\_ Division number \_\_\_\_\_

Payment Information:

I (we) are pleased to make a contribution in the amount of:  
 \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ \$1,000 \_\_\_\_\_ Other \$ \_\_\_\_\_  
 I (we) wish to pay by check \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_  
 Checks should be make payable to the "KIWANIS OF MICHIGAN FOUNDATION."  
 Name on card \_\_\_\_\_ Card number \_\_\_\_\_  
 Exp date \_\_\_/\_\_\_ Sec Code \_\_\_\_\_ Signature of card holder \_\_\_\_\_

In Memory Of:

Memorial Contribution Deceased name \_\_\_\_\_  
 Please acknowledge gift to \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In Honor Of:

In Honor of Name \_\_\_\_\_  
 Please acknowledge gift to \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



The Kiwanis of Michigan Foundation  
 is a 501(c)3 organization.  
 Michigan Charitable License CT2452  
 Please mail to:  
**Kiwanis of Michigan Foundation**  
**P.O. Box 231 • Mason, MI 48854-0231**

