

The Eliminate Project gift/pledge form

You can give quickly and securely at TheEliminateProject.org/give. Otherwise, please return this completed form to the address at the bottom.

Donor information

Donor to be credited _____ Member number _____

Address _____

City _____ State/Province _____ Postal code _____ Country _____

Kiwanis club and location _____ Club number _____

Preparer's name (please print) _____ Preparer's telephone (with area code) _____

Signature of individual pledge/donor or representative for club _____ Date _____

My total gift/pledge is US\$_____ to support The Eliminate Project.

Donations are tax-deductible in the U.S. Make check payable to the "Kiwanis International Foundation" and write "The Eliminate Project" on the memo line, or complete credit card information below.

GIFT

One-time payment for the above total gift is enclosed.

PLEDGE

I wish to pledge my total gift (listed above).

US\$_____ has already been paid.

Initial payment of US\$_____ is enclosed.

I wish to make my payments by: check credit card

Card number _____ Expiration date _____

Name as it appears on credit card _____

Signature _____ Date _____

Please schedule my pledge payments or credit card payments (choose one):

Monthly Quarterly Semiannually Annually

I would like installments of US\$_____ beginning _____ (month/year) and ending _____ (month/year).

I don't want to receive pledge reminders or acknowledgement letters.

This gift is anonymous. **My company will match this gift.**

Award information

Please complete this section for recognition.

Walter Zeller Fellowship If pledging, you must contribute US\$1,250 or more within two years. Only members of clubs or districts with pledges and Kiwanis members from Canada are eligible to make a Walter Zeller pledge.

Recipient name (as it should appear on award) _____

Presentation date _____ Date needed _____

Recipient club name _____ Recipient club number _____

Awards will be issued when the pledge is paid in full. Please allow six weeks for the award to be prepared and delivered.

Mail award to:

Note: If no mailing instructions are provided, materials will be mailed to the donor's club president.

The Eliminate Project district advocate My club president Other

Name _____

Address (Note: We cannot mail awards to post office boxes.) _____

City _____ State/province _____ Postal code _____ Country _____

Telephone (with area code) _____

This award is a surprise.

Thank you for your generous commitment to support The Eliminate Project.

Give quickly and securely:
TheEliminateProject.org/give

The Eliminate Project: Campaign Office
P.O. Box 6457 Dept #286
Indianapolis, IN 46206 USA
TheEliminateProject.org

Email: campaign@TheEliminateProject.org
Phone: +1-317-217-6213
Fax: +1-317-471-8323

