



GIFT COMMITMENT FORM FOR THE BRAINERD KIWANIS CLUB FUND

Name: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Email: _____

Gift in Memory or Honor of (circle one): _____

(optional)

(name)

* * * * *

(All gifts are tax deductible as a charitable donation)

Pledge (may be made up to 5 years):

I pledge an annual gift of \$ _____ over the next _____ (1-5) years.

Total Pledged Gift: \$ _____

PAYMENT METHODS

Check

Type of Payment: Check Enclosed Gift Amount: \$ _____

(Make check payable to BLACF with "Brainerd Kiwanis" in the memo)

Monthly Bank Draft

Type of Payment: Monthly Bank Draft *Monthly Gift Amount: \$ _____

Bank drafts are drawn on the 1st of each month. Monthly bank drafts will continue until pledge is fulfilled.

**Please include a voided check that includes your routing and account number.*

Credit Card

Visa Discover Mastercard American Express

Gift Amount: \$ _____

Card No. _____

Name on Card: _____

Exp. Date _____ CVV# (back of card) _____

Please contact me about including Brainerd Kiwanis in my estate plans.

Signature: _____ **Date:** _____

****Please return this form to P.O. Box 70, Brainerd, MN 56401***