

# The Eliminate Project gift/pledge form

You can give quickly and securely at [www.TheEliminateProject.org/give](http://www.TheEliminateProject.org/give). Otherwise, please return this completed form to the address at bottom.

Name \_\_\_\_\_ Member # \_\_\_\_\_ Title and business \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Kiwanis club and location \_\_\_\_\_ Club number \_\_\_\_\_

Telephone (with area code) \_\_\_\_\_ Email \_\_\_\_\_

Signature of donor or representative \_\_\_\_\_ Date \_\_\_\_\_

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

## GIFT

One-time payment for the above total gift is enclosed. Make check payable to the "Kiwanis International Foundation" and write "The Eliminate Project" on the memo line, or complete credit card information below.

## PLEDGE

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

US\$\_\_\_\_\_ has already been paid.

Initial payment of US\$\_\_\_\_\_ is enclosed. Make check payable to the "Kiwanis International Foundation" and write "The Eliminate Project" on the memo line, or complete credit card information below.

I wish to make my payments via credit card.

MasterCard  Visa  Discover  American Express

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_ Security code \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

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

Monthly  Quarterly  Semiannual  Annual

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

**This gift is anonymous.**

## Gift recognition information

Please complete this section only if the individual or party to be recognized is different than yourself (the donor).

**Walter Zeller Fellowship** (must pay a total of US\$1,250 or greater within two years of pledge)

**Mother's Day - International Women's Day Walter Zeller Fellowship** (Only gifts of US\$1,250 that are received or postmarked between March 1, 2012 and June 15, 2012 will qualify)

**Hixson Fellowship** (US\$1,000)  **Tablet of Honor** (US\$2,000)

Donor to be credited (name as it should appear on future donor recognition) \_\_\_\_\_

City \_\_\_\_\_ State/province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Recipient name (as it should appear on certificate) \_\_\_\_\_

Anticipated presentation date \_\_\_\_\_

Club name \_\_\_\_\_ Club number \_\_\_\_\_

Recipient mailing address (if not a Kiwanian) \_\_\_\_\_

City \_\_\_\_\_ State/province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

*Please allow 3 weeks for the award to be prepared and delivered.*

## Mail award to:

The Eliminate Project district coordinator  My club president  Other

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (with area code) \_\_\_\_\_

This award is a surprise

*Awards will be issued when the pledge is paid in full.*

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

**Give quickly and securely:**  
[www.TheEliminateProject.org/give](http://www.TheEliminateProject.org/give)

The Eliminate Project Campaign Office  
3636 Woodview Trace  
Indianapolis, IN 46268 USA  
[www.TheEliminateProject.org](http://www.TheEliminateProject.org)

Email: [campaign@TheEliminateProject.org](mailto:campaign@TheEliminateProject.org)  
Phone: +1-317-217-6213  
Fax: +1-317-471-8323

