

Request to Donate to Kiwanis Club of Keene, NH

Your donation is vital to our continued success. Please provide the information below so that we may contact you promptly. Please include a brief description of your planned donation so that we may have the appropriate person contact you.

Prefix/title: _____

First Name: _____

Middle Name: _____

Last Name: _____

Company Name: _____

Your Email: _____

Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

To: Treasurer

I/we would like to donate to the Keene Kiwanis Foundation by:

Please send this form to:

Kiwanis Club of Keene

Attn: Treasurer

63 Emerald Street

PMB 451

Keene, NH 03431

04.05.2012