



Kiwaniis

LaMissTenn Foundation

La.-Miss.-W.Tenn. Kiwanis District Foundation
5253-B Dijon Dr., Baton Rouge, LA 70808-4393
(225) 769-9233 www.lamisstenn.org

Club Contribution Form

Club: _____

President: _____

Day Phone: _____ E-mail: _____

Amount: \$ _____ Date: _____ Check No.: _____

<input type="checkbox"/> Annual Club Giving:	<p>The enclosed amount of \$ _____ represents our club's contribution to the Annual Club Giving Campaign, in the amount of \$ _____ per member for the _____ members in our club. <i>(NOTE: The minimum suggested amount for the ACG is \$5 per member.)</i></p>
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<input type="checkbox"/> Memorial Gift:	<p>This Memorial Gift in the amount of \$ _____ Is donated in memory of: <i>(name of deceased)</i> _____ Donation made by: <i>(name to be printed on card, if not from the club.)</i> _____</p>	<p>Please send notification of this gift to (a family member, friend, etc.): Name: _____ Address: _____ City/State/Zip: _____</p>
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<input type="checkbox"/> Endowment Gift:	<p>Enclosed is a donation of \$1,000.00 for (select one): <input type="checkbox"/> Tablet of Honor <input type="checkbox"/> River of Life <input type="checkbox"/> John T. Roberts Fellow</p> <p>To be presented to: Name: _____ on (date) _____</p> <p>Send award to: Name: _____ Address: _____ City/State/Zip: _____</p>	<p>Inscription for Tablet of Honor <i>(140 characters or less):</i> _____ _____ _____</p> <p>Tablet of Honor presented (made possible) by: _____ _____</p>
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<input type="checkbox"/> Leadership Circle/ President's Circle:	<p>Enclosed is a donation of \$ _____ <i>(minimum of \$100)</i> for a <i>(check one):</i> <input type="checkbox"/> Leadership Circle <input type="checkbox"/> President's Circle to be presented to</p> <p>Name of honoree: _____ on (date) _____</p>	<p>Send award to: Name: _____ Address: _____ City/State/Zip: _____</p>
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Send form and payment to:	<p>Mail to: La.-Miss.-W.Tenn. Kiwanis District Foundation, Inc. 5253-B Dijon Drive Baton Rouge, LA 70808-4393</p>
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