



Kiwaniis

LaMissTenn Foundation

La.-Miss.-W.Tenn. Kiwanis District Foundation
5319-B Didesse Drive, Baton Rouge, LA 70808
(225) 769-9233

Individual Contribution Form

Name: _____

Kiwanis Club: _____

Mailing Address: _____

Day Phone: _____ E-mail: _____

Friend of the Foundation:

I would like to become a **“Friend of the La.-Miss.-W.Tenn. Kiwanis District Foundation”**:

- \$1,000 as a John T. Roberts Fellow
 - \$1,000 as a River of Life Fellow
 - \$500 donation
 - \$250 donation
 - \$100 donation
 - \$50 donation
 - \$25 donation
 - Other: _____
- My check is enclosed, made payable to **“Kiwaniis District Foundation”**
- OR**
- Please bill my credit card as follows:
- One-time donation of _____
 - Monthly: _____ each month for _____ months
 - Other: _____

Memorial Gift:

This is a Memorial Gift in the amount of _____

Donated in memory of: *(name of deceased)* _____

Donation made by: *(name to be printed on card, if different from above)* _____

Please send notification of this gift to (a family member, friend, etc.):

Name: _____

Address: _____

City/State/Zip: _____

Credit Card info:

Visa MasterCard AmEx

Name on Card: _____

Billing address if different from above: _____

_____ Zip: _____

Account No.: _____

Expiration Date: _____

Signature: _____

Send to:

Mail to:
**La.-Miss.-W.Tenn.
Kiwaniis District Foundation, Inc.
5319-B Didesse Drive
Baton Rouge, LA 70808-6401**

Fax to:
(225) 769-9215
Or toll-free to:
(866) 669-9215