

The Eliminate Project gift/pledge form

You can give quickly and securely at 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 for recognition.

- Walter Zeller Fellowship** You must contribute a total of US\$1,250 or greater within two years of pledge.

This Zeller is to recognize an individual foundation, corporation

- Mother's Day - International Women's Day Walter Zeller Fellowship**
Only gifts of US\$1,250 that are received or postmarked between March 1, 2013 and June 15, 2013 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 three 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

The Eliminate Project: Campaign Office
3636 Woodview Trace
Indianapolis, IN 46268 USA
www.TheEliminateProject.org

Email: campaign@TheEliminateProject.org
Phone: +1-317-217-6213
Fax: +1-317-471-8323

