



Champions for Children

Cheryl's "Drive for Five"

500 Champions by September 30, 2012

To help our donors become more involved in our projects, we created *Champions for Children*, an annual sustaining donor program. For as little as \$10 a month, about the cost of your weekly coffee indulgence, you can support a child like Emma . . .



Emma was born premature at 32 weeks, weighing only three pounds. She was immediately transferred to the Neonatal Intensive Care Unit at Renown Children's Hospital where she would spend the next five weeks gaining the strength she would need to eventually go home. Her mother Sara recalls, "The surgeon said that if we had been 60 minutes later, I could have bled out and both Emma and I could have died. I credit Renown and their amazing staff with saving our lives." Thanks to the exceptional care Emma received from the medical staff at Renown Children's Hospital, and to the support of donors like you, Emma is now a happy, healthy and thriving toddler.

As part of the 2011-2012 First Lady's Focus, we're pleased to introduce "Cheryl's Drive for Five." By supporting Cheryl in her "Drive for Five" and becoming a Champion for Children, you help ensure the Kiwanis Cal-Nev-Ha Foundation is here tomorrow, and each day after that, supporting our families, youth and clubs, helping to make each community a better place. And anyone who joins between October 1, 2011, and September 30, 2012, will receive our commemorative "Drive for Five Champions for Children" lapel pin.



I would like to become a Champion for Children and help Cheryl complete her "Drive for Five"!

Please print your name(s) as you would like it to appear in our Annual Report. If you would like to remain anonymous, please complete the information below and check this box .

Name: _____ Member Number: _____

Organization or Kiwanis Club: _____ Division: _____ Region: _____

Email: _____ Daytime phone: _____

Address: _____
Street City State Zip Code

Credit card/debit card (American Express, Visa, MasterCard or Discover accepted) Account Code 40505/FR

I understand the amount I check below will be charged to my credit card once a month:

\$10 per month \$25 per month \$50 per month \$100 per month Other \$ _____
minimum \$10 per month

At this time I am unable to become a Champion for Children; however, I would like to make a one-time contribution of \$ _____ to build a better future for our children.

Cardholder Name _____

Signature _____

Card Number

/

Expiration Date

Security Code*

*For American Express customers, the security code is the 4 digit code located above your credit card number on the front of your card; For Visa, MasterCard and Discover customers, the security code is the last 3 digits located on the back of your card.

Please print your **credit card billing address** on the line below. Thank You.

I understand the Kiwanis Cal-Nev-Ha Foundation is a 501(c)(3) non-profit organization and this tax-deductible gift is freely given with no expectations that I will receive any goods or services in exchange for it. An annual receipt will be sent to the address above for tax purposes.