## **KIWANIS CHILDREN'S FUND GIFT FORM** Go to kiwanis.org/give to make a gift online.

**B** Kiwanis

CHILDREN'S FUND

GDKCF-1022-332

## **DONOR INFORMATION**

| Name Club name & number   |  |
|---|--|
| AddressCity   |  |
| State/Province Postal code  | Country                                    |
| Person completing this form (if not donor) I  | Phone                                      |
| PAYMENT INFORMATION   |  |
| Area of giving 🗌 Kiwanis Children's Fund 🛛 Annual Club giving   |  |
| Gift type 🗌 One-time gift amount of   |  |
| ☐ <i>Recurring gift</i> of every (choose one) ☐ month ☐ quarter ☐ year beg  | inning on (date)                           |
| Additional gift information 🛛 Anonymous gift 🔤 My company will match  |  |
| Credit Card Name as it appears on credit card   |  |
| Card number Exp. date   | 2  |
| Signature   |  |
| <b>AWARD INFORMATION</b> Awards will be issued when the gift is made in full. Please allow six weeks for  | or the award to be prepared and delivered. |
| Kiwanis Children's Fund Award Options   |  |
| □ <i>George F. Hixson Fellowship:</i> Gift of US\$1,000. Recipient receives a lapel pin. A printed certificate is availaded A personalized shadowbox, wearable medallion and club banner patch can be purchased online at store   |  |
| George F. Hixson Diamond Fellowship: Subsequent gift of US\$1,000. Recipient receives a special lapel pi is available on request.   | in and hanging tab. A printed certificate  |
| □ <i>Dr. Wil Blechman Fellowship:</i> Gift of US\$2,500. Recipient receives a lapel pin. A printed certificate is avail A personalized shadowbox can be purchased online at store.kiwanis.org/blechmanaward.                      | able on request.                           |
| $\Box$ I do not wish to receive recognition. As a result, 100% of my gift will go toward the Kiwanis Children's Fu  | nd mission.                                |
| Fulfillment of the George F. Hixson and Dr. Wil Blechman fellowships will be based on cumulative unrestricted gifts received between October 1 and<br>September 30 each Kiwanis year. Donations may be tax-deductible in the U.S. |  |
| RECIPIENT INFORMATION   |  |
| Recipient's name  | Presentation date                          |
| $\Box$ I would like a printed certificate for the name listed above. $\Box$ This award is a surprise.   |  |
| SHIPPING INFORMATION (Note: we cannot mail awards to post office boxes.)  |  |
| Name Address  |  |
| City State/Province   |  |
| Postal code Country I   | Phone                                      |

## Mail form and gift to

Kiwanis Children's Fund, P.O. Box 6457 – Dept # 286, Indianapolis, IN 46206 USA

