



KIWANIS CAL-NEV-HA FOUNDATION
 (619) 749-7290, ext. 116 FAX (619) 938-3855



WILLIAM A. DUNLAP FELLOWSHIP

\$1,000 Membership Fee

Your \$1,000 contribution to the Foundation is tax deductible!

5% of this donation will be designated for the Kiwanis Cal-Nev-Ha Foundation's unrestricted fund. Installment payments may be made over a four-year period at \$250.00 per year. Presentation may be made once the total amount is received.

You may direct 50% of your contribution toward one of the following programs. Please designate only one program. If you do not designate a program, your gift will be placed in the William A. Dunlap Endowment Fund. The interest only from the endowment is used to support the programs of the Foundation.

- | | | |
|---|---|--|
| <input type="checkbox"/> Pediatric Trauma Program | <input type="checkbox"/> Unrestricted support of the Foundation's Program Services (all projects) | <input type="checkbox"/> Circle K Scholarship Fund |
| <input type="checkbox"/> Hope 4 Kids | <input type="checkbox"/> All SLP Scholarship Funds | <input type="checkbox"/> Key Club Scholarship Fund |
| <input type="checkbox"/> Kiwanis Building Project | | <input type="checkbox"/> KIWIN'S Scholarship Fund |

This is a new Dunlap This is an upgrade to the _____ level

Recipient's Name: _____
As it should appear on plaque - PLEASE PRINT NEATLY

Recipient's Kiwanis Club: _____

Recipient's Address: _____

Recipient's Phone: (B) _____ (R) _____

Today's Date: _____ Presentation Date: _____
Presentation date is printed on the plaque - please be sure to include a date!

This is a surprise! Yes No *(If this is a surprise, please complete the following)*

Donor's Name: _____

Donor's Address: _____

Donor's Phone: (B) _____ (R) _____

Please send Dunlap materials to: Recipient Donor Other (please complete the following)

Name: _____

Address: _____
(We cannot ship to P.O. Boxes)

The "ship to" address is a business address The "ship to" address is a residential address

Please check here if you would like the FedEx tracking number emailed to this address: _____

Check Included Credit Card Charge

If you wish to use your American Express, Discover, Visa or MasterCard, please complete the following:

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.

If your **credit card billing** address is different than above, please include the address on the line below. Thank You.