

Kiwanis COVID 19 Response

Pledge Form

Name: _____ Badge #: _____

Address: _____

City: _____ St: _____ Zip: _____

Telephone: (_____) _____ Email: _____

My total gift/pledge is US\$ _____ to support the Kiwanis COVID 19 Response Project.

Gift

- One-time payment for the above total gift is enclosed. Make check payable to the "Kiwanis Foundation" and write "COVID 19" or "COVID Fund" on the memo line or complete credit card information below.
- Charge above amount to my Kiwanis Account (This may not be considered a charitable deduction on your tax return)

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 "Kiwanis Foundation" and write "COVID 19" or "COVID Fund" on the memo line or complete credit card information below.
- I wish to make my payments via credit card.

Visa Mastercard Discover American Express

Card Number	Expiration Date	Security Code
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Name as it appears on credit card

Please send my pledge reminder or schedule my credit card payments: (choose one):

Monthly Quarterly

This gift is anonymous

Mail completed form and payment(s) information to: Kiwanis Club of Cheyenne
P.O. Box 1266
Cheyenne, WY 82003

Thank you for your generous commitment to support the
Kiwanis COVID 19 Response Project