



THANK YOU FOR SUPPORTING KCSL! FILL IN THE BLANKS AND CHECK ALL THAT APPLY.

(PLEASE PRINT)

Date _____

Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Preferred Phone Number _____ preferred time to call _____

Email _____


I WOULD LIKE TO BECOME A MEMBER OF THE KCSL GIVING SOCIETY, AND MY INTENTION IS TO GIVE:



PREVENT THE HURT
 _____ \$1,000/year for 5 YEARS



STRENGTHEN A FAMILY
 _____ \$5,000/year for 5 YEARS



EMPOWER LIVES
 _____ \$10,000/year for 5 YEARS

I WOULD LIKE TO CONTRIBUTE IN OTHER WAYS:

_____ Make a commitment of \$ _____ /year for _____ YEARS

_____ Please contact me. I have other thoughts to share about how I can help.

_____ YES, I ALSO HAVE A DONOR DESIGNATED FUND AT _____.



PAYMENT:

_____ My cash/check is enclosed; made checks payable to Kansas Children's Service League.

_____ Please charge my VISA/MC # _____ Exp. _____

Name on Credit Card: _____

_____ Please contact me about how I prefer to pay my commitment.

_____ My company, _____, will match my gift.

Contact person _____ Phone _____

Signature: _____

QUESTIONS? CONTACT MARGARET LA RUE AT MLARUE@KCSL.ORG OR 785.215.6459.