

I WANT TO SUPPORT THE KOINONIA/CAMP KOINONIA FOUNDATION-TN!

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ ZIP _____

Phone Preferred (Home? ___, Mobile? ___, Office? ___, # _____ E-mail _____

MY CONTRIBUTION was prompted by _____

Contributions made during the calendar year are totaled to elevate each donor to the highest qualifying gift club:

Platinum Circle \$500,000 or more
Gold Circle \$250,000-\$499,999
Silver Circle \$100,000-\$249,999
Bronze Circle \$50,000-\$99,999

Chairman's Club \$15,000-\$49,999
Director's Club \$10,000-\$14,999
Patrons \$5,000-\$9,999
Sponsors \$2,500-\$4,999

Benefactors \$1,000-\$2,499
Stewards \$500-\$999
Supporters \$250-\$499
Contributors \$100-\$249
Friends up to \$99

GIFT AREA: **ANNUAL FUND** **PROGRAM EXPANSION** **LEGACY CAMP PROGRAM**

GIFTS WILL GO INTO THE FOUNDATION'S ANNUAL FUND UNLESS OTHERWISE DIRECTED BY DONOR.

NOTE: Online contributions can be made at kftn.org

SINGLE GIFT COMMITMENT

MY DONATION TODAY IS IN THE AMOUNT OF

\$ _____

PAYMENT METHOD (choose one):

***Credit Card** (one-time deduction)
Please complete credit card information in the blanks below this box, and then Fax this form to the secure computer described at bottom of this page.

Check # _____ **Date** _____
Please make your check payable to Koinonia Foundation. Mail the check with this completed form to the Foundation as noted at the foot of this page.

MULTI-PAYMENT COMMITMENT

I PLAN TO CONTRIBUTE a total of \$ _____ **via:**

\$ _____ per Month X _____ (#) payments, or
 \$ _____ per Quarter X _____ (#) payments

Start Month/Year _____, End Month/Year _____

PAYMENT METHOD (choose one):

***Credit Card** (deduct only as noted above)
Please complete credit card information in the blanks below this box, and then Fax this form to the secure computer described at bottom of this page.

1st Check # _____ **Date** _____
Please make this and all subsequent payments payable to Koinonia Foundation with Pledge Payment noted on the check. Mail as noted at the foot of this page.

*Credit card type: VISA MASTERCARD

*Credit card #: _____ Exp. Date _____

Name of Card Holder _____

Signature of Card Holder _____

TRIBUTE (one per gift, please): This gift is in HONOR of OR in MEMORY of _____

This tribute has special meaning to me because ...

Notification of this Tribute would be appreciated by the following person/family/organization:

Name _____ Relationship to honored individual _____

Street Address _____

City _____ State _____ ZIP _____

Please MAIL or FAX this form with payment to:

Koinonia/Camp Koinonia Foundation

244 N. Peters Rd, Suite 211

Knoxville, TN 37923

TEL# 865-888-7365 Secure FAX# 865-888-7370



Thank you for supporting the Koinonia/Camp Koinonia Foundation and our mission to provide lifelong learning and enrichment opportunities to children and adults with disabilities in multiple functional domains with education and community partners.