

The Eliminate Project Pledge Form

This pledge is for the total amount of \$ _____ to support The Eliminate Project.
This pledge includes \$ _____ that has already been paid towards my Eliminate Project pledge.

I would like to become a Walter Zeller Fellow for The Eliminate Project. Walter Zeller Fellowships must pay a total of \$1,250 or greater within two years of the date of the pledge.

PLEDGE OBLIGATION

My initial payment of \$ _____ is enclosed. Make check payable to the **Kiwanis International Foundation (a 501(c)3 not-for-profit organization)** and note "The Eliminate Project" on memo line.

I wish to make my payment via credit card:

__ Visa __ MasterCard __ American Express __ Discover
Credit Card # _____ Exp. Date _____
Security Code _____
(3 digits on back of Visa and MasterCard, 4 digits on front of American Express)

FREQUENCY

Please send my pledge reminders or schedule my credit card payment (choose one):
__ Monthly __ Quarterly __ Semi-annually __ Annually

I would like installments of \$ _____ over a period of _____ (months/years) beginning (month/year).

This is a **one-time** gift.

Please print your name(s) as you wish to be recognized:

This gift is anonymous.

DONOR INFORMATION

Name: _____ Title, Business: _____

Club: Kiwanis Club of Columbus #K00027 Member Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature of Donor/Representative: _____

Date: _____

Please return your completed pledge form to
The Eliminate Project: Campaign Office
3636 Woodview Trace • Indianapolis, IN 46268 USA • Phone: +1-317-217-6213 • Fax: +1-317-471-8323
campaign@TheEliminateProject.org • www.TheEliminateProject.org

Thank you for your generous pledge.