



OHIO DISTRICT KIWANIS FOUNDATION CONTRIBUTION FORM

Please return form and check made payable to:
Ohio District Kiwanis Foundation
P. O. Box 1013, Wooster, Ohio 44691

(Please print)

Club Name: _____

Donor's Name: _____

Address: _____

City, State, Zip _____

Bus. Phone _____

Home Phone _____

Email _____

Total Amount Enclosed: _____

Designation of Contribution:

- Annual Club Birthday Campaign
- Pediatric Trauma Fund
- Ambassador Program (minimum \$50)
- First Lady's Project
- Legion of Honor Society
- Past International Presidents Award (\$500)
- Schneider/Williams/Sellers Award (\$1,000)
- Disaster Relief Fund
- KICK Fund
- Other Fund (list name)

Amount:

Information for Awards:

RECIPIENT: (Please print name) _____

Address: _____

City, State, Zip: _____

Bus. Phone: _____

Home Phone: _____

Club Name: _____

Date of Presentation: _____