

LETHBRIDGE KIWANIS MUSIC FESTIVAL  
ENDOWMENT FUND



**Pledge Form**

**I would like to become part of the Kiwanis Music Festival Endowment Fund campaign.**

**My gift is for the total amount of \$ \_\_\_\_\_**

**My gift will be paid as follows:**

- Paid in full by cheque (*payable to Kiwanis Music Festival Trust Fund*)  
 Pledged in # \_\_\_\_\_  Annual  Quarterly or  Monthly instalments of \$ \_\_\_\_\_  
Starting Date \_\_\_\_\_

I would like to receive pledge reminders  mail  email  none

To be paid with stocks, bonds, mutual funds or life insurance

**My/Our name should appear in the Annual Donor Recognition list as follows:**

Name(s) \_\_\_\_\_

**Memorials and Honorariums:**

My gift is:  in memory of  in honour of

Name of honoree / designee \_\_\_\_\_

**Check here if you do NOT want to be publicly recognized.**

**Kiwanis Music Festival Gift Recognition**

Gifts up to \$149 Friend	\$150 - \$299 Supporter
\$300 - \$999 Sustainer	\$1,000 - \$2,499 Sponsor
\$2,500 - \$4,999 Patron	\$5,000 - \$9,999 Benefactor
\$10,000 & up President's Club	

**Please contact me with information on planned giving**

**I have included the Kiwanis Music Festival Endowment Fund in my will, estate plan, or retirement plan**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*I understand that completion of this card indicates a goodfaith commitment on my part to contribute to the Kiwanis Music Festival Endowment Fund.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form to:

Kiwanis Music Festival Trust Fund  
P.O. Box 125  
Lethbridge, AB T1J 3Y3