



The Eliminate Project's Fundraising Campaign  
Gift and Pledge Form

This gift pledge is for the total amount of \$\_\_\_\_\_ to support The Eliminate Project.  
My total 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 US\$1,250 or greater within two years of the pledge.
- Charter Zeller** for The Eliminate Project. Charter Zellers must pay their US\$1,250 in full before September 20, 2011.
- Impact Donor** at the US\$625 level representing 350 lives saved and protected.
- Impact Donor** at the US\$300 level representing 175 lives saved and protected.

**PLEDGE OBLIGATION**

- My initial payment of US\$\_\_\_\_\_ is enclosed. Please make checks payable to the Kiwanis International Foundation and write "The Eliminate Project" in the 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 card for 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-annual     Annual
- I would like installments of US\$ \_\_\_\_\_ 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 Name: **Kiwanis Club of Raleigh, NC** Club Number: **K00193**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Signature of Donor or Representative \_\_\_\_\_ Date \_\_\_\_\_

**Please return your completed pledge form via mail or e-mail to:**  
Elizabeth M. Tezza, Carolinas District Coordinator  
2220 Atlantic Avenue • Sullivans Island, SC 29482  
Phone: 843.697.0657 • E-mail: emtezza@aol.com