

Here Is my/our Gift to the Knights of Columbus Nebraska State Council (KCNSC) Endowment Fund

DONOR INFORMATION

(Please print information below so we can send you an acknowledgement for tax purposes)

Donor name _____

Council _____

Address _____

City _____

State/Zip _____

Daytime Phone _____

Email _____

Please initial one.

PLEASE DO NOT PUBLISH MY/OUR NAME(S).

_____ **I/WE WISH TO REMAIN ANONYMOUS.**

PLEASE ADD (PUBLISH) MY/OUR NAME(S).

_____ **I/WE WISH TO BE ON THE DONORS LIST.**

MATCHING GIFT PROGRAM

My company has a matching gift program

(name, address of company)

AMOUNT OF GIFT

Enclosed is a gift to the Endowment Fund

in the amount of \$ _____

My/our check is enclosed and made payable to KCNSC Endowment Fund

SUSTAINING MEMBER

I/we wish to become a sustaining member(s)

Individual (min. \$50 annually)

Council (min. \$250 annually)

MEMORIAL AND HONORARIUM GIFTS

(Check boxes if appropriate)

Please make my gift (please print):

In Memory of (deceased)

In Honor of

happy occasion illness thank you

other _____

MORE INFORMATION AVAILABLE

Please have someone contact me with other ways

I/we can contribute to the KCNSC Endowment Fund.

PLEASE FILL OUT THIS FORM, DETACH, AND SEND WITH YOUR CHECK TO:

**Knights of Columbus
Nebraska State Council Foundation
Endowment Program
PO BOX 211
Broken Bow, NE 68822**