



CDKF 1200 COMMITMENT FORM



Please provide the following information:

Full Name: _____

Name: _____
(as you would want it on your Founders Circle Plaque)

Club Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Men Only-Golf Shirt Size: Small Medium Large X-Large XX-Large

Men Only-Golf Vest: Small Medium Large X-Large XX-Large

Ladies Blouse Size: Small Medium Large X-Large XX-Large

Ladies Sweater Size: Small Medium Large X-Large XX-Large

Ladies Golf Shirt Size: Small Medium Large X-Large XX-Large

Ladies Golf Vest Size: Small Medium Large X-Large XX-Large

Payment Plan

(1) CHECK Attach check to form.

(2) MasterCard or VISA

Card Number: _____

Expiration Date: _____

Signature: _____

Choice of Payment Plans: Check one

- Cash (lump sum of \$1,200.00)
- Quarterly (1 year), (2 years), or (3 years)
- Semi-annual (1 year), (2 years), or (3 years)
- \$100.00 a month for 12 months
- \$50.00 a month for 24 months
- \$34.00 a month for 36 months

These are just suggestions. We want to assist you to develop a payment plan that will work best for you. PLEASE KEEP IN MIND that we expect to complete our goal within three years. We would like to make available to every Kiwanian in the Carolina District membership in the CDKF 1200 Founders Circle.

Thank you for your support in helping grow the Carolinas District Kiwanis Foundation Endowment and for your heartfelt interest in better serving the Children in your Kiwanis communities.

Sincerely yours,

CAROLINAS DISTRICT KIWANIS FOUNDATION BOARD

Carolina District Kiwanis Foundation

Mary Blalock, Secretary/Treasurer

P.O. Box 772

Fayetteville, NC 28302