



Explore History.
Exchange Ideas.
Build Community.

Giving Form

Name _____ Organization _____

Address _____ City _____

State _____ Zip + 4 _____ Phone _____

Email _____ Check here if you do NOT want e-news sent to your email.

\$50 Friend \$100 Supporter \$150 Advocate \$250 Patron

\$500 Benefactor \$750 Partner \$1,000 Leadership Circle

My employer will match this gift. Name _____

Payment options:

Check **(payable to Kansas Humanities Council)** Credit Card (please, \$50 or more)

Name on card _____ MasterCard Visa

Card # _____ Expiration Date _____

Cardholder Signature _____

Tribute Gift: In honor In memory (name) _____

I wish to make a pledge of \$ _____ monthly quarterly yearly, to be completed by _____ (date)

I would like information on remembering KHC in my will or other planned giving.

Please print your name as you would like it to appear in KHC publications:

Send the form and donation to:

Kansas Humanities Council
112 SW 6th Ave, Suite 210
Topeka KS 66603-3895

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