

Support Enrichments Through Family Giving!

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Address:	City:	Zip Code:
Email/Parent 1:	Email/Parent 2:	
Matching Gift Co:	\$ Matching Gift Additional Info	
All donations are tax deductible – double your c Learn more at www.kikschools.org/matchi t		
☐ I prefer to be anonymous in all publications		
☐ Benefactor	\$20,000 +	Recognition
☐ Chancellor	\$15,000	High Donor & Principal's Circle
□ Dean's List	\$10,000	Timelpur's Circle
☐ Principal's Circle	\$7,500	Recognition Principal's Circle
□ Scholar	\$5,000	
☐ Leadership (Family Giving Ask)	\$2,500 (Family Giving Ask) x (#	# Kids in District) = \$
☐ Student Supporter	\$1,000	
☐ Academic Partner	\$ Other	
Everyone's participation – and ever	00 per child but please give anything you or y dollar – will help provide an amazing ex	sperience for our children.
□ Please charge my credit card:	Is.org □ Check enclosed □ I will contact □ VISA □ MC □ AMEX Exp. Dat	, ,
Signature:	CSV#:	
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O I would like to pay in monthly in:	-	
* Monthly installment period begins approx. o will be calculated based on that time period.	ne month after this form is received and ends on May	1, 2024. Your monthly installment amour
O Special Instructions:		

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