



2012 Annual Campaign Donation Form

Yes, I want to support the Kenan Center!

___ \$2,500+* ___ \$1,500+ * ___ \$1,000+* ___ \$750+* ___ \$500* ___ \$250*
___ \$100 ___ \$50 Other \$ _____

**2012 Annual Donations of \$250 or above will be acknowledged by name with an original artwork that will installed on the Kenan Center Campus.*

Check method of payment: ___ Visa ___ MasterCard ___ Discover ___ Check

Checks should be made payable to: Kenan Center, 433 Locust Street, Lockport, NY 14094.

Name as it appears on card: _____

Signature: _____

Card Number: _____ Expiration Date: _____

Name as you would like it to appear in recognition: _____

Email Address: _____

Providing an email address will automatically subscribe you to the Kenan Center E-news which is sent several times a month to keep you informed about programs and events. Please check below if you do not wish to receive this email.

I do not wish to receive emails from the Kenan Center.

Address: _____

Phone Number (optional): _____

I have included the Kenan Center in my Will or Trust. Please contact me.

Contact me about volunteering.

I want to learn more about ways I can make a gift to Kenan Center that pays income or other benefits to me and my family. Call me at _____.

Thank you for your ongoing commitment to the Kenan Center!

