

Individual Donor Information (please print or type)

Name _____

Billing Address _____

City, State, Zip Code _____

Phone _____

Email _____

I would like to find out more about including Kentucky State Parks Foundation in my estate planning and endowment(s)

INDIVIDUAL LEVELS OF GIVING

Supporter - \$25 Friend - \$100 Explorer - \$250 Steward - \$500 Investor - \$1000

Please make checks, corporate matches or other gifts payable to KSPF and mail to the address below.

Donation Information

I am making a gift of \$ _____ to be paid: NOW MONTHLY QUARTERLY YEARLY

Gift Type: CASH CHECK CREDIT CARD GIFTS can be made securely online at: kentuckystateparksfoundation.org or by filling in the information below:

MasterCard VISA DISCOVER American Express

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____ Authorization Code: _____

Authorized Signature: _____

Gift will be matched by (company/family/foundation) _____

Form attached Form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

This gift is in memory honor of: _____

I/We wish to have our gift remain anonymous.

Signature(s)

Date