

**KANSAS BUSINESS AND PROFESSIONAL WOMEN'S  
EDUCATIONAL FOUNDATION, Inc**

Send Contributions with this Form to: Dr. LewAnn Schneider, Treasurer  
2271 Broughton Road  
Clay Center KS 67432

**Contribution Transmittal Form**

Date \_\_\_\_\_

Amount Enclosed \_\_\_\_\_

**Contributor Information** (complete all that apply)

|                          |   |   |                                     |
|--------------------------|---|---|-------------------------------------|
| Contributor is:          | <input type="checkbox"/> Individual Member  | <input type="checkbox"/> Company/Business<br>(Matching) | <input type="checkbox"/> Non-member |
|                          | <input type="checkbox"/> Local Organization | <input type="checkbox"/> Corporate                      |                                     |
| Name _____               |   |   |                                     |
| Local Organization _____ |   |   |                                     |
| Address _____            |   |   |                                     |
| City _____               |   | State _____   | Zip Code _____                      |
| Phone _____              |   | E-mail Address _____                                    |                                     |

**Method of Giving:**

Donation of item:  for raffle  for silent auction  other \_\_\_\_\_

Identify the item \_\_\_\_\_

Item's worth I am claiming \$ \_\_\_\_\_

Monetary Contribution: Apply to  Scholarship fund (name fund) \_\_\_\_\_

Mary Tefft Fund  General Fund  Silent Auction  Raffle  Other \_\_\_\_\_

**Method of Payment:**  Check  Cash

All Donations and monetary contributions go toward the Annual Foundation Giving levels. The level of giving is determined by cumulative giving between May 1 and April 30.

**Annual Foundation Giving Levels:** \$5-\$99 – Contributor; \$100-199 – Friend; \$200-299 – Supporter; \$300-\$499 – Patron; \$500-\$999 – Investor; \$1,000 and Above – Foundation President's Circle.

**Other Giving Opportunities:** Employer Matching Gift; Bequest/Planned Gift; Corporate; Other

**Tributes** (please complete all that apply)

In honor of \_\_\_\_\_

In loving memory of \_\_\_\_\_

Please notify the following person or family that a gift was made in honor/memory of the above individual:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*The Kansas Business and Professional Women's Educational Foundation, Inc is recognized as a 501 (c)(3) organization and contributions to the KBPWEF, Inc are tax deductible to the extent allowed by law.*