

Tradition Founders Fund Donation Form

Fill the following form out as completely as possible then send it, along with payment information, to:

> K-State Alumni Association 100 Alumni Center, 1720 Anderson Ave. Manhattan, KS 66506-1001

If you are using a credit card, you may fax the form to (785) 532-5068. Campaign code: 12-005-16 Fund: C39000

Name & Address:		
Name:		Spouse's name:
Home address:		
City/State/Zip:		Country:
Phone:	E-mail:	
Amount of donation	า:	
Amount: \$		
Payment information	on:	
If paying by credit or deb	it card:	
Please charge my credit or	debit card: [] VISA [] MasterCa	rd [] Discover [] American Express
Card number:		Exp. date:
Cardholder name:		
If paying by check:		
My check for \$	is enclosed. (Please make checks p	ayable to the Tradition Founders Fund.)
Special requests fo	r receipting:	

^{*}If you are employed by a matching gift company, please contact the appropriate person in your company for a matching gift form.