



New York District Kiwanis Foundation Inc.

**Kamp  
Kiwanis®**

# Memorial Fund

DONATION IN NAME OF:

LIVING:

DECEASED:

ACKNOWLEDGEMENT TO:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

DONORS:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

AMOUNT OF CONTRIBUTION:

(Suggested minimum of \$10.00 USD)

MAKE CHECKS PAYABLE TO:

*NY District Kiwanis Foundation*

**PLEASE MAIL TO:**

**Kamp Kiwanis Memorial Fund**

C/O Anthony Merendino, Foundation Board Member

126 Lefferts Road

Woodmere, NY 11598

All contributions are tax deductible