

I WANT TO SUPPORT THE KOINONIA/CAMP KOINONIA FOUNDATION-TN!

First Name _____ Middle Initial _____ Last Name _____
 Street Address _____
 City _____ State _____ ZIP _____
 Phone Preferred (Home?_, Mobile?_ Office?_)# _____ E-mail _____

MY CONTRIBUTION was prompted by _____

Contributions made during the calendar year are totaled to elevate each donor to the highest qualifying gift club:

Platinum Circle \$500,000 or more	Chairman's Club \$15,000-\$49,999	Benefactors \$1,000-\$2,499
Gold Circle \$250,000-\$499,999	Director's Club \$10,000-\$14,999	Stewards \$500-\$999
Silver Circle \$100,000-\$249,999	Patrons \$5,000-\$9,999	Supporters \$250-\$499
Bronze Circle \$50,000-\$99,999	Sponsors \$2,500-\$4,999	Contributors \$100-\$249
		Friends up to \$99

GIFT AREA: ANNUAL FUND PROGRAM EXPANSION LEGACY CAMP PROGRAM
GIFTS WILL GO INTO THE FOUNDATION'S ANNUAL FUND UNLESS OTHERWISE DIRECTED BY DONOR.

NOTE: Online contributions can be made at kftn.org

SINGLE GIFT COMMITMENT

MY DONATION TODAY IS IN THE AMOUNT OF

\$ _____

PAYMENT METHOD (choose one):

- *Credit Card** (one-time deduction)
 Please **complete credit card information in the blanks below this box**, and then Fax this form to the secure computer described at bottom of this page.
- Check # _____ Date _____**
 Please make your check **payable to Koinonia Foundation**. Mail the check with this completed form to the Foundation as noted at the foot of this page.

MULTI-PAYMENT COMMITMENT

I PLAN TO CONTRIBUTE a total of \$ _____ via:

- \$ _____ per Month X _____ (#) payments, or
 - \$ _____ per Quarter X _____ (#) payments
- Start Month/Year _____, End Month/Year _____.

PAYMENT METHOD (choose one):

- *Credit Card** (deduct only as noted above)
 Please **complete credit card information in the blanks below this box**, and then Fax this form to the secure computer described at bottom of this page.
- 1st Check # _____ Date _____**
 Please make this and all subsequent payments **payable to Koinonia Foundation** with **Pledge Payment** noted on the check. Mail as noted at the foot of this page.

*Credit card type: VISA MASTERCARD

*Credit card #: _____ Exp. Date _____

Name of Card Holder _____

Signature of Card Holder _____

TRIBUTE (one per gift, please): **This gift is** **in HONOR of** **OR** **in MEMORY of** _____

This tribute has special meaning to me because ...

Notification of this Tribute would be appreciated by the following person/family/organization:

Name _____ Relationship to honored individual _____

Street Address _____

City _____ State _____ ZIP _____

Please MAIL or FAX this form with payment to:
Koinonia/Camp Koinonia Foundation
244 N. Peters Rd, Suite 211
Knoxville, TN 37923
TEL# 865-888-7365 Secure FAX# 865-888-7370



Thank you for supporting the Koinonia/Camp Koinonia Foundation and our mission to provide lifelong learning and enrichment opportunities to children and adults with disabilities in multiple functional domains with education and community partners.