

Memorial Fund

DONATION IN NAME OF:									
			LIVING:]	DECEAS	SED:	
ACKNOWLE	GEMENT TO:								
NAME:									
ADDRESS:									
CITY:				ST	ATE:				
ZIP:									
DONORS:									
ADDRESS:									
CITY:				S	ГАТЕ:				
ZIP:				PI	HONE:				
	F CONTRIBUT								
	S PAYABLE TO: iwanis Foundati	on							

PLEASE MAIL TO:

Kamp Kiwanis Memorial Fund C/O Sal Anelli, Board President 160 21st Street Brooklyn, NY 11232