



APPLICATION FORM CLUB OF 100
Kiwanis Club of Kralendijk

It is highly appreciated that you and your company are willing to support our cause. With your contribution you become part of the Kiwanis Family and together we can help the children of Bonaire.

Personal Information

| | |
|-------------------|--|
| Name: | |
| Company: | |
| Adres: | |
| Telephone number: | |
| Emailadres: | |

Donation

- \$100,- (Silver)
- \$250,- (Gold)
- \$500,- (Platinum)
- \$___

I will deposit (transfer) the yearly contribution the account number: MCB 41640106 Kiwanis Club of Kralendijk Bonaire with reference to The Club of 100. In the future we will send you a reminder of your contribution in January of each year.

Terms & Conditions:

To terminate your yearly contribution you must do this in writing with a notice period of three months to the following e-mailadres: fundraisingkckb@gmail.com

Name: _____
Date: _____
Place: _____

Signature: _____