



Wisconsin-Upper Michigan Kiwanis District Foundation
Kiwanis Autism Project Donation Form
www.KiwanisAutismProject.org



Donor Name _____ Kiwanis Club *(if applicable)* _____
Address _____ Email _____
City/State/Zip _____ Phone _____
Sponsorship Type ☐ Individual ☐ Club ☐ Corporate Amount \$ _____
Please list my name on the Web site as: _____
☐ Please don't acknowledge my donation publicly. ☐ Comments _____

Please remit your check made payable to the WI-UM Kiwanis District Foundation and this form to: WI-UM Kiwanis District Foundation, Inc., Governor's Project on Autism, 2380 Highway 44, Suite H, Oshkosh, WI 54904.



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