



PO Box 2112
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www.kaws.org

A 501 (c)(3) public charitable
non-profit organization.
#04-3783861

KAWS Benefactor Donation Form

Personal Corporate Foundation Other _____

Donor (or company representative): _____

Company name (if applicable): _____

Address: _____

City: _____ ST: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

New Benefactor Current Benefactor

KAWS Benefactor Program Partner Level

WETLAND

- Playa:** \$5,000 - \$10,000
- Riverine:** \$5,000 - \$10,000

WATERSHED

- Bronze:** \$20- 50,000
- Silver:** \$50- 75,000
- Gold:** \$75 - 100,000
- Platinum:** \$100,000 plus

Pledge

Amount pledged (if applicable): _____ Amount Paid: _____

Pledges are payable over five years with a minimum down payment of 20 percent of the pledge.

Down Payment: _____

Remaining pledge paid at (20%) _____ per year for _____ years (max 4 yrs).

Please send me a reminder of the payment during the month of _____

Donor signature: _____

Inscription on plaque

Name and pertinent information as you wish it to appear on the plaque, or note anonymity

No plaque requested