



P. O. Box 236
McPherson, KS 67460-0236
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www.kaws.org

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

KAW S for Life Contributing Partner Program

Life Partner
\$1000

Bronze Life Partner
\$2000

Silver Life Partner
\$3000

Gold Life Partner
\$4000

Name _____

Address _____

City _____ ST _____ ZIP _____

Phone _____ Fax _____

E-mail _____

Payment: _____ or... Down Payment: _____

See other side for payment options.

Remaining pledge paid in three quarterly installments at \$_____.

Donor Signature: _____ Date: _____

K A W S for Life

Contributing Partner Program

continued...

METHOD OF PAYMENT:

Cash Check# _____

Check must be included. Make payable to: Kansas Alliance for Wetlands & Streams

Credit Card V | MC # _____ exp. date (m/y) _____

Circle one.

INCENTIVES:

All KAWS for Life Levels

Cap Visor Jacket: S M L XL XXL other _____

(you will receive one jacket for all Life levels)

Bronze, Silver and Gold Levels only

Inscription on Cooper decoy: _____

(Name as you wish it to appear on the decoy)

KAWS staff/representative Signature: _____