

KansasCityBallet

Contribution Form

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

Email _____

I would prefer my name to be listed in KCB publications as:

I would like my donation to remain anonymous.

PAYMENT OPTIONS FOR YOUR CONTRIBUTION *(Select your preference.)*

I have enclosed my check or cash in the amount of \$ _____
(Please make checks payable to Kansas City Ballet)

Credit Card (one payment): Amex Visa MasterCard Discover
Card # _____ Exp. date _____ Amount: \$ _____

I would like to make a gift of stock in the amount of \$ _____, please contact me.
(Please also notify the Development Department in writing that you intend to transfer stock.)

My employer will match my gift; a matching gift form is enclosed or being sent to KCB Offices.

I would like to set up installment giving, please contact me.

I have included Kansas City Ballet in my estate plans, please contact me.

I do not wish to receive any benefits that would decrease the tax deductibility of my gift.

Please indicate which areas of KCB you wish to support:

Greatest Need Endowment School Community Education Other _____

KCB COMMUNICATION

I would like to receive email updates from Kansas City Ballet.

I prefer not to receive emails from Kansas City Ballet.

Return To:

Mail: Kansas City Ballet, Attn: Development Department, 1616 Broadway, Kansas City, MO 64108

Fax : 816-931-1172 *(Credit Card donations only)*

In person: Kansas City Ballet Studios – 1616 Broadway Blvd. KC, MO 64108

For all other inquiries phone: 816-931-2232 x 1310 or visit our website www.kcballet.org

Kansas City Ballet Association is a tax-exempt 501(c)3 Missouri Corporation, Federal ID# 43-6052680.