



Kappeler Institute Information Center, USA

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Website: www.kappelerinstitute.org

Donation Form

My contact information is:

Name: _____ Phone: _____

Address: _____ E-mail: _____

_____ Best times to call: _____

I would like to be a monthly sustaining donor to KI USA

I would like to donate monthly in the amount of \$_____

by (circle one): personal check* credit card* PayPal*

Card #: _____ Expiration: _____

Signature: _____ *we will contact you regarding dates for automatic donations

I would like to make a one-time donation to KI USA

❖ I have enclosed a check for \$_____ payable to **KI USA**

❖ Please charge my VISA/MasterCard for \$_____ Signature: _____

Card #: _____ Expiration: _____

I would like to donate books or recordings of works by Max Kappeler, John W. Doorly, or Mary Baker Eddy.

Please contact me regarding the details.

I would like to donate securities, real estate, or property.

Please contact me to discuss this donation.

I would like to name KI USA as a beneficiary on a life insurance policy.

Please contact me to discuss this donation.

I would like to name KI USA as a beneficiary in my will.

Please contact me to discuss this donation.

Please mail this completed form to KI USA, PO Box 99735, Seattle, WA 98139-0735