

2022 WILLIAMS EDUCATION FUND KAI STAFF MEMBERSHIP (MARCH 2022 – FEB 2023)

ACCOUNT #: _____ ACCOUNT: _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

COMPANY: Kansas Athletics

TITLE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

MOBILE PHONE: _____ E-MAIL: _____ BIRTHDAY: _____

SPOUSE' S NAME: _____ SPOUSE' S BIRTHDAY: _____



DONATION ALLOCATION*:

Unrestricted (preferred) Scholarships Other _____

*New/Increased giving incentive: Members receive double-priority points for each \$100 above the previous fund drive. For priority point purposes, qualifying amounts will have its own allocation.

TOTAL PERSONAL PLEDGE: _____

MONTHLY DEDUCTIONS AMOUNT**:
**If applicable. _____

(NEW) Auto Renew my 2022 pledge for future fund drives* **Yes, auto renew my 2022 pledge for future fund drives*** **No, I will manually renew each year**

*By checking this box, I acknowledge that this authorization will remain in effect until I cancel this authorization in writing. I certify that I am an authorized user of this bank account/credit card account and will not dispute a scheduled transaction.

MEMBERSHIP LEVELS

		KAI STAFF	12-MO. DEDUCTIONS (EXAMPLE)
HALL OF FAME	\$50,000	\$25,000	\$2,083.34
CHAMPION	\$25,000	\$12,500	\$1,041.67
OLYMPIAN	\$18,000	\$9,000	\$750.00
ALL-AMERICAN	\$10,000	\$5,000	\$416.67
LEGEND	\$5,000	\$2,500	\$208.34
MVP	\$2,500	\$1,250	\$104.17
ROCK CHALK	\$1,000	\$500	\$41.67
JAYHAWK	\$500	\$250	\$20.83
CRIMSON & BLUE	\$300	\$150	\$12.50
OUTLAND	\$100	\$50	\$4.17

WAIVE BENEFITS By checking this box, I acknowledge that I will not receive any Williams Education Fund benefits including priority points, tickets or parking. For any questions regarding tax deductibility of this gift, please consult your tax advisor.

ACKNOWLEDGEMENT

NO, I do not wish to be included in any donor recognition.** **YES**, I would like to be included in donor recognition as: _____

**By checking this box, I acknowledge that as a condition of my contribution, I do not want my name and donation amount released pursuant to a Kansas Open Records request.

NEW DONOR REFERRED BY A WEF MEMBER?

REFERRING NAME: _____ CITY & STATE: _____

PAYMENT INFORMATION

- Monthly Payroll Deductions
- Full Payment Check
- Full Payment Credit Card
- Invoice
- Monthly Deductions (credit card/bank draft)

CREDIT CARD INFORMATION

NAME ON CARD (PLEASE PRINT) _____

CREDIT CARD # _____

EXP. _____ / _____ SECURITY CODE _____

RETURN PLEDGE TO:
WILLIAMS EDUCATION FUND
Attn: Mary Carpenter
or EMAIL: mecarpenter@ku.edu

SIGNATURE _____ DATE _____