

2024 WILLIAMS EDUCATION FUND KAI STAFF MEMBERSHIP (MARCH 2024 – FEB 2025)

ACCOUNT#: _____ ACCOUNT: _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

COMPANY: _____

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.

MEMBERSHIP LEVELS

		KAI STAFF	12-MO. DEDUCTIONS (EXAMPLE)
HALL OF FAME	\$50,000	\$25,000	\$2,083.34
CHAMPION	\$25,000	\$12,500	\$1041.67
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

I HEREBY COMMIT TO FULFILL THIS PLEDGE AMOUNT.

Sign here: _____

Date: _____

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 _____

MAIL PLEDGE TO:

KANSAS ATHLETICS DEVELOPMENT
1651 NAISMITH DRIVE LAWRENCE, KS 66045

SIGNATURE _____

DATE _____