

THE KAUFFMAN CENTER  
**Children's Wall**



**Leave a Lasting Handprint Today!**

Kauffman Center for the Performing Arts is a 501(c) (3) non-profit organization and your contribution is tax deductible as allowed by law.

**Handprint Form**

Mail the handprints and this completed form to:

**Kristin Smithson,  
 Special Projects Coordinator  
 Kauffman Center for the Performing Arts  
 906 Grand, 11th Floor  
 Kansas City, MO 64106**

I/We hereby pledge a total of \$ \_\_\_\_\_ at \$1,000 per child.

DONOR'S NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_

PHONE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_

EMAIL \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_

The following represents my preferred payment terms:

**Lump-sum:** To be paid on or about \_\_\_\_\_ MONTH/DAY/YEAR

**Check:** I have enclosed a check for \$ \_\_\_\_\_ payable to the *Kauffman Center for the Performing Arts*

**Credit Card:**     MasterCard     Visa

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SECURITY CODE ON BACK \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**Installments:** \_\_\_\_\_ MONTHLY/QUARTERLY/ANNUALLY

DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_

DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_

DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_

DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_

Your contribution will be designated for the Kauffman Center for the Performing Arts Operating Endowment.

