



Donation Form

Please Print

Mr./ Mrs./Ms. _____

Address _____

City _____ State _____ Zip _____

Phone (Day) _____ (Evening) _____

Email _____

I would like to receive email updates from Kansas City Ballet

I prefer not to receive emails from Kansas City Ballet

Please print how you would like your name to appear in KCB publications:

 I would like my donation to remain anonymous.

Please indicate which KCB campaign you wish to support:

Annual Endowment School Community Education Programs Greatest Need

Pledge your support today through one of our convenient payment options.

Payment options:

Check or Cash

Enclosed is my donation of \$ _____ (make payable to Kansas City Ballet)

Credit Card (one payment)

Visa Master Card Discover American Express

Credit Card # _____ Expiry Date _____

Signature _____

Installment

I would like to make an annual pledge of \$ _____ in _____ (number of) installments

I authorize my payments to be made as follows: enclosed post- dated checks or Credit Card (please complete the credit card information above)

I would like to make a gift of Stock \$ _____

Please contact KCB for Stock number and notify development department in writing that you intend to transfer stock.

I have included Kansas City Ballet in my estate plans.

Return this form and your donation by:

Mail: Kansas City Ballet, Attn: Development Department, 1616 Broadway Blvd. 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 345 or visit our website www.kcballet.org