

PRINT AND RETURN WITH YOUR GIFT

Donation Card

___ **For JGCP's greatest need (Unrestricted Purposes)**
___ For establishment of JGCP's Endowed Fund

The Matching Gift Program of _____ Will Match This Contribution

___ Matching Gift Form is Enclosed

Every gift will be used as designated by the donor, to benefit the Juniper Gardens Children's Project and is tax deductible to the extent allowed by law.

Make Checks Payable to: *The Kansas University Endowment Association* and mail with this card to:

The Juniper Gardens Children's Project
Attention: Barbara J. Terry, Ph.D.
444 Minnesota Avenue, Suite 300
Kansas City, KS 66101-2914

Send Additional Information Concerning:

Gift is from : (Please provide address change or corrections)

- ___ Gift Planning and Methods of Giving
- ___ The Kansas University Endowment Assoc.
- ___ The Chancellor's Club
- ___ The Giving Clubs

Name _____
 Address _____
 City, State, Zip Code _____
 Home Phone (____) _____ - _____
 Email: _____

