

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.