

**Friends of the Foundation**  
**PO Box 12619**  
**Wichita, KS 67277**  
**Enrollment Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

Individual:

- \$10 (Friend)
- \$25 (Close Friend)
- \$50 (Special Friend)
- \$100 (Best Friend)

Other:

- \$100
- \$250
- \$500
- \$1000

Please define "Other"

- Local Association
- State Association
- Area Contribution
- Corporate
- Other: \_\_\_\_\_

---

Cardholder's Name: \_\_\_\_\_

Method of Payment:  Visa    MasterCard    Discover

Card Number: \_\_\_\_\_ Card Expiration (MM/YY): \_\_\_\_\_