



Kino Border Initiative  
 Iniciativa Kino para la Frontera

# GIFT INTENTION FORM

**My Total Gift or Pledge to the KBI's Migrant Outreach Center Campaign: \$** .....

One-Time Gift to be paid by: ..... *DATE*

Gift to be paid in installments:

\$..... *AMOUNT* by: ..... *DATE*

\$..... *AMOUNT* by: ..... *DATE*

\$..... *AMOUNT* by: ..... *DATE*

Other payment plan .....

## Payment Information

I/we plan to make this gift in the form of:

Check      Credit Card      Stock      Donor Advised Fund      Other

Credit Card Type: ..... Credit Card # .....

Expiration Date: ..... 3-Digit CVC # ..... *ON BACK OF CARD*

Signature: ..... Date: .....

I/we would appreciate payment reminders by:

Phone      Email      Mail

## Contact Information

Name: ..... Spouse: .....

Address: .....

City: ..... State: ..... Zip: .....

Primary Phone: ..... Home      Work      Mobile

Secondary Phone: ..... Home      Work      Mobile

Email: .....

## Acknowledgment & Recognition

Please use the following name(s) in all acknowledgments and recognition:

.....

This gift is in honor of: .....

I/we are interested in the following naming opportunity:

*1ST CHOICE*) ..... *2ND CHOICE*) .....

I/we wish to have our gift remain anonymous.

Name: ..... Signature: ..... Date: .....

**PLEASE MAKE YOUR GIFTS PAYABLE TO:**

**KBI: Migrant Outreach Center**

**PO Box 159**

**Nogales, AZ 85628-0159**