



Mail to: 9233 Ward Parkway, Suite 201

Kansas City, MO 64114

Tax ID # 31-1745518

THANK YOU FOR SUPPORTING THE IAAP FOUNDATION

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Personal Email: _____ Personal Phone: (____) _____

GIFT INFORMATION

Amount: \$ _____ Frequency: _____ one time _____ monthly* _____ annually*

Fund designation: _____ Strategic Priorities/Unrestricted _____ CAPstone Scholarship
_____ Professional Development _____ Malama Ohana Scholarship (Hawaii residents)
_____ IAAP Summit Scholarship _____ Char Wilkinson Leadership Award

PAYMENT INFORMATION

_____ Check Enclosed (*payable to IAAP Foundation*)

_____ Credit Card Visa MasterCard American Express

Card Number: _____ Expiration Date: ____/____ CSC Code: _____

Name as it appears on card _____ Billing ZIP/PC _____

Signature: _____

**Credit card donations only. Payments will continue until you notify us to stop.*

ADDITIONAL INFORMATION:

QUESTIONS OR ADDITIONAL ASSISTANCE REQUIRED?:

Please contact Foundation staff at foundation@iaap-hq.org or 816-891-6600