



KEY CLUB®

The Eliminate Project Donation Form

(Required) Club name (Division if Lieutenant Governor) _____

District _____ Name _____

(Required) Email address _____ (Required) Phone (____) _____

Club Number (If a club) _____ (Required) Total funds enclosed (US\$) _____

Complete form and include inside envelope with check or cash



ELIMINATE

maternal/neonatal tetanus

