



**My information:**

Name \_\_\_\_\_  
*(as you wish name to appear in our publications)*

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I wish to receive email updates on KCB activities and events

**My gift is given:**

To help FKCB address any of its most critical operating needs

To the following fund:

- Clean Cities Sweep
- Recycling Program
- Cigarette Litter Program
- Clean City Clara Program
- Pick up After Your Pet Program
- Green and Lean 5K
- Beautification Program

In honor of \_\_\_\_\_

In memory of \_\_\_\_\_

**Amount of gift: \$** \_\_\_\_\_

A check for the total gift amount is enclosed.

A partial payment of \$ \_\_\_\_\_ is enclosed. Please invoice me quarterly for the balance of my pledge.

I wish my gift to be Anonymous and do not wish to be listed in any publications.

I have remembered Friends of Keep Charleston Beautiful in my will or estate plan.

I would like information about supporting Friends of Keep Charleston Beautiful through my will or estate plan.

**Donation Payment Options:**

Please make payable to **Friends of Keep Charleston Beautiful** and mail to: PO Box 22156, Charleston SC 29413. All gifts are tax deductible to the maximum extent allowed by law - [www.irs.gov](http://www.irs.gov)