



**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  
 Hampstead Mall Park Revitalization Project  
 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 32321, Charleston SC 29417. Tax ID—412208776. All gifts are tax deductible to the maximum extent allowed by law - [www.irs.gov](http://www.irs.gov)