



## Bob Kipe Memorial Fund Donor Form

- Yes, I would like to remember Bob in this special way.

Please accept my donation of \$ \_\_\_\_\_  
for the Bob Kipe Memorial Fund.

Date of Pledge \_\_\_\_\_

- Pledges over \$1,000 may be paid over three years. Open Door will contact you and make payment arrangements.
- Please visit our website at [www.keys2IT.org](http://www.keys2IT.org) for donor benefits.

- No donation at this time, but keep me on your mailing list.

\_\_\_\_\_  
Name (as it should appear in acknowledgement)

\_\_\_\_\_  
Company Name (if a company gift)

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

**Method of Payment:**

Check

Pledge Payment

(Payable to Open Door Education Foundation)

Visa

MasterCard

American Express

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Credit Card #

Expiration Date

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Name as it appears on Credit Card

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Signature