



KAPPELER INSTITUTE Information Center, USA

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Donation Form

My contact information is:

Name: _____ Phone: _____

Address: _____ E-mail: _____

_____ Best times to call: _____

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❖ I have enclosed a check for US\$_____ payable to **KI USA**

❖ Please charge my VISA/MasterCard for US\$_____ Signature: _____

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I am interested in supporting a publishing or technology project at KI USA.

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If form does not contain credit card information, mail@kappelerinstitute.org