



Keuka Lake Association

protecting the quality of the lake

Gifts and Donations - *Printable*

You may fill this out online and then click print to mail to us.

First Name

Last Name

Address

Address 2

City

State

Zip

Phone

Email

Would you like to remain anonymous?

Yes

No

For Matching Fund

Matching Fund Company

For Memorials

In Memory of

Send Memorial Notice To (*optional*):

First Name

Last Name

Address

Address 2

City

State

Zip

Gifts/Donation Amount

Gifts / Donation Level:

Please Select

Please Enter Amount:

\$

Card Number

CVC

Expiration (MM/YYYY)

/

Card Holder Name