



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

Donation in Honor Of

Honor 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