



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

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*Please mail this completed form to KI USA, PO Box 99735, Seattle, WA 98139-0735
If form does not contain credit card information, fax 206 286-1675, mail@kappelerinstitute.org*