Kinston School Educational Foundation Membership Form

| Date: | | | |
|---------------------------------|---------------------|-----------------|-------------------|
| Name: | | | |
| Last | Middle/Maiden | | First |
| Address: | | | |
| City: | | St: | Zip: |
| Home/Cell Phone No: | | _ | |
| Email: | | | |
| Memberships: | | | |
| Annual Individual Membership: | \$25.00 and up Annı | ially (Runs fro | om Oct thru Sept) |
| Patron Membership: \$1000.00 c | and up | | |
| The Foundation is a tax exempt | 501 (c) (3) organiz | ation. | |
| For which membership are you | | | |
| Amount Enclosed: | | | |
| Signature: | | | |
| Kinston Graduate? What year? | | | |
| Thank you for your support! | | | |
| Make Checks Payable to: | | | |
| Kinston School Educational Four | ndation, Inc. | | |
| P O Box 518 | | | |

Kinston AL 36453