

BECOME A FOUNDING MEMBER TODAY

Name _____

Address _____

Email _____

City _____

Phone _____

State _____ Zip Code _____

Membership Type

- ☐ Family \$100
- ☐ Grandparent \$100
- ☐ Dual \$75
- ☐ Individual \$50

Please mail your completed form to:
Kiewit Luminarium
345 Riverfront Drive, Omaha, NE 68102

Ask your employer if they match employee contributions to eligible 501(c)(3) nonprofit organizations. You may be able to increase the impact of your fully tax-deductible membership contribution.

Questions? Email membership@kiewitluminarium.org

Payment

- ☐ A check payable to Kiewit Luminarium is enclosed for \$ _____
- ☐ Please charge my credit / debit card
- ☐ I would like to cover the 3.5% card processing fee

Name on Card _____

Card Number _____

Expiration Date _____ CVV _____

Billing Zip Code _____

Signature _____