BECOME A MEMBER TODAY!

Name	Address	
Email	City	
Phone	State	Zip Code

Membership Type				
□ Family	□ Grandparent	🗆 Dual	Individual	
Members	hip Price			
□ \$100 (Individual only)		□\$500		
🗆 \$150 (Dual only)		□ \$1,000		
🗆 \$200 (Grandparent only)		□ \$2,500		
□ \$250		□ \$5,00	0	
		□ \$10,0	00	

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.

	State	Zip Code
Paymen	ıt	
□ A che	ck payable to Ki	ewit Luminarium is enclosed for \$
	sent payment t me of DAF:	hrough my Donor-Advised Fund
D Please	e charge my cre	dit / debit card
🗆 I woul	d like to cover t	he 3.5% card processing fee
Name or	n Card	
Card Nu	mber	
Expiratio	on Date	CVV
Billing Z	ip Code	
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Questior	ns? Email memb	ership@kiewitluminarium.org