

# RENEW YOUR MEMBERSHIP

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Membership Type

Family  Grandparent  Dual  Individual

## Membership Price

\$100 (Individual only)  \$500  
 \$150 (Dual only)  \$1,000  
 \$200 (Grandparent only)  \$2,500  
 \$250  \$5,000  
 \$10,000

*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.

## Payment

A check payable to Kiewit Luminarium is enclosed for \$ \_\_\_\_\_

I have sent payment through my Donor-Advised Fund

Name of DAF: \_\_\_\_\_

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 \_\_\_\_\_

Questions? Email [membership@kiewitluminarium.org](mailto:membership@kiewitluminarium.org)