

# RENEW YOUR MEMBERSHIP

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

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

## Membership Type

- Family \$150
- Grandparent \$125
- Dual \$100
- Individual \$75

## 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

*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](mailto:membership@kiewitluminarium.org)

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_