



## Kansas Turfgrass Foundation Founders Society Membership Form

- I am interested in joining KTFFS. Enclosed is \$1,000
- I am interested in joining KTFFS using the payment plan. Enclosed is \$ \_\_\_\_\_

Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Please mail to: Kansas Turfgrass Foundation  
Attn.: Christy Dipman  
2021 Throckmorton Hall, KSU  
Manhattan, KS 66506-5507

*Thank you for your generous support!*

### Payment:

Check payable to Kansas Turfgrass Foundation enclosed  Please invoice

Credit card Type: \_\_\_\_\_ No. \_\_\_\_\_

Exp. \_\_\_\_\_ 3-4 digit CID \_\_\_\_\_

Name on card (printed) \_\_\_\_\_