



2025 KANSAS FFA CHAPTER CHALLENGE

The _____ FFA Chapter accepts the 2025 Chapter Challenge to donate to the Kansas FFA Endowment Campaign.

Chapter Information/Recognition:

Chapter Name: _____
Advisor(s): _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____

Gift Details:

OPTION 1: Multi Year Pledge- multiply your impact and invest over a number of years

Pledge Total: \$ _____

Annual payments over the next 2 3 4 5 years

Which month would you like to be billed annually? _____

OPTION 2: One Time Gift

One Time Gift Total: \$ _____

Signature of Intent: (All donors must sign to verify letter of intent)

(Signature- FFA Advisor)

(Print Name- FFA Advisor)

(Date)

(Signature- Chapter President)

(Print Name- Chapter President)

(Date)

Note: This is a declaration of intention and may be increased, decreased or cancelled at the option of the donor.

Contact the Kansas FFA Foundation for questions or additional information.

Gift and pledge payments should be made payable to: Kansas FFA Foundation

Thank You!!

Kansas FFA Foundation

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