



Gift Form

Have questions? Need assistance?
Community Foundation
 200 E Buffalo St Suite 202 Ithaca, NY 14850
 (607) 272-9333 info@cftompkins.org

Information for Donor(s)

| | | |
|--|---|--|
| Gift Level Recognition: <ul style="list-style-type: none"> \$10,000: Treman \$5,000: Buttermilk Falls \$2,500: Ithaca Falls | <ul style="list-style-type: none"> \$1,000: Beebe Lake \$500: Fall Creek \$250: 6 Mile Creek | Gift Designation Recognition (\$1,000 or more): <ul style="list-style-type: none"> All Gifts: Philanthropy Magnified Society Programs and Services: HEROES Circle Women’s Fund Endowment: Beverly Baker Society |
|--|---|--|

Information About Donor(s)

Contributing Donor(s) Name(s): _____

Contributing Donor(s) Address: _____ **Contributing Donor(s) Phone Number:** _____

Donors will be acknowledged on our website and in other publications. Please indicate your permission for us to use your name in these ways.

Acknowledgement (select one):

- I / we agree to allow the Community Foundation to mention my / our name(s) as:

- I / we request anonymity in publications by Community Foundation.

Terms and Amount of Gift

Recurrence 3-5 Year Pledge of \$_____ per year (years _____, _____, _____, _____, _____)
 (select one): Monthly Recurring Gift of \$_____ (credit card only)
 One-Time Gift of \$_____

(Multiyear and recurring gifts are one important source of support which increase our flexibility to respond to changing community needs and which enable us to plan ahead of multiple years)

My / our first gift will be made in the following month: _____

Designation Fund (select one):

- I / we would like my / our pledge to support (select one):
- Community Foundation programs and services (where needed most)
 - A specific Community Foundation fund (provide name of fund): _____

Gift Method (select one):

- Check Payee: Community Foundation of Tompkins County
- Credit Card (see ‘Credit Card Information’ below)
- ACH, securities, IRA distribution or another method; please contact us.

Credit Card Information

Gifts made by credit card will be processed upon receipt of this form or on the date of first pledge payment indicated above. Please note that your credit card gift will include processing fees. To avoid these fees, you may prefer to send a check. Check here if you select to cover these fees with your credit card as do over 70% of our donors. Thank you!

| | | | |
|---|-----------------------|--------------------------------------|-----------------------|
| Card Name (select one): | | Expiration Date: | Security Code: |
| <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Ex. <input type="checkbox"/> Discover | | | |
| Name as Shown on Card: | Email Address: | Address Associated with Card: | |
| _____ | _____ | _____ | |

Account / Card Number: _____ **Authorized Signature:** _____

Authorization

We will remind you of your next multi-year pledge payment 30 days from the original gift date in the years specified above.

Signature(s) of Contributing Donor(s): _____ **Date:** _____