



2014 Women’s Fund Endowment Gift Form

Thank you for making a gift to the **Women’s Fund Endowment!** You are supporting the Women’s Fund’s ability to make grants to improve the lives of women in our community. Your gift will go a long way to promote educational, economic and social equality for women. All gifts are tax-deductible. Please complete this entire form and return it to the Community Foundation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Name (print) Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Address E-mail

***Women’s Fund Endowment Friends and Founders*** will be acknowledged in the Community Foundation’s annual report**,** on our website, and in other publications. Please indicate your permission for us to use your name in these ways.

\_\_\_ I/We agree to allow the Community Foundation to mention my/our name(s)

OR

\_\_\_ Request for Anonymity: I/we do not wish to be listed in any public way.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate if Gift is **in Honor of** or **in Memory of** (circle one and list name on line above)

Notification should be sent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* You will be recognized as a member of the **Beverly Baker Society** for each year in which you give at least $1,000 in that year.
* Donors making an annual gift of $500-$999 will be recognized as a **Patron** of the Women’s Fund.
* Donors making an annual gift of under $500 will be recognized as a **Supporter** of the Women’s Fund.

We kindly request all donors complete the reverse side of this form

Please check the appropriate line to indicate your chosen method of how to make this gift today.

\_\_\_ I wish to make a gift of $\_\_\_\_\_\_\_ to the **Women’s Fund Endowment** now.

\_\_\_ Enclosed, please find my check in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_ I wish to make my gift by credit card; please refer to the bottom of this form to complete your credit card information.

-OR-

Please check the appropriate line to indicate how you wish to make a pledged gift in the near future.

\_\_\_ I pledge to make a gift of $\_\_\_\_\_\_\_ to the **Women’s Fund Endowment**.

\_\_\_ Enclosed, please find my check in the amount of $\_\_\_\_\_\_\_\_\_\_\_ which represents at least half of my pledged gift. (This option is only for gifts of $1,000 and above.)

I will pay the remaining half within this calendar year in order to be eligible for the Beverly Baker Society.

\_\_\_ I wish to make my gift by another method such as donating securities or an IRA

distribution; please contact me to arrange for transfer.

\_\_\_ I plan to make my gift on the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Checks should be written to: *Community Foundation of Tompkins County***

**and mailed to us at: *309 N Aurora St, Ithaca NY 14850.***

**Please note on the memo line “*Women’s Fund Endowment.”***

Gifts made by credit card will be processed upon receipt of this form. If you have selected two installments for this gift, your card will be charged for the second half of your gift one year from this date unless the Foundation is told to do otherwise.

**Credit Card Information:**

Card Name (please circle): VISA MasterCard American Express

Name as shown on card (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account/Card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Thank you so much for supporting the Women’s Fund of the Community Foundation of Tompkins County in this meaningful way!***