



Annual Fund Multi-Year Gift Form

Please call or stop by and return this form to The Community Foundation:
 200 E. Buffalo St. Suite 202 Ithaca, NY 14850
 (607) 272-9333 info@cftompkins.org

Information for Community Donor(s)

Multi-year gifts are one important source of support for the Community Foundation to increase flexibility to respond to our community's needs and to plan ahead. To support the Community Foundation in this way, please complete this form and return it to us by email, by US Mail, or in-person.

- Ithaca Falls level pledge to give \$2,500 annually for three consecutive years
- Beebe Lake level pledge to give \$1,000 annually for three consecutive years
- Fall Creek level pledge to give \$500 annually for three consecutive years
- 6 Mile Creek level pledge to give \$250 annually for three consecutive years

Information About Donor(s)

Contributing Donor(s) Name(s): _____

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

Information About Pledge

Level of Pledge (select one):

I / we pledge to make annual gifts of \$2,500 in years _____, _____, & _____

I / we pledge to make annual gifts of \$1,000 in years _____, _____, & _____

I / we pledge to make annual gifts of \$500 in years _____, _____, & _____

I / we pledge to make annual of \$250 in years _____, _____, & _____

Gift Disbursement (select one):

Enclosed, please find my / our gift.

I / we would like to pay by credit card. (see 'Credit Card Information' below)

Payee: Community Foundation of Tompkins County
Memo: "Community Foundation Multi-Year Gift"

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 the Community Foundation.

Credit Card Information

Gifts made by credit card will be processed upon receipt of this form. Your card will be charged annually on the date below unless the Foundation is told to do otherwise. Please note that 4.5% of your credit card gift applies to processing fees. To avoid these fees, you may prefer to send a check.

| | | | |
|---|-----------------------|--------------------------------------|-----------------------|
| Card Name (select one): <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express | | Expiration Date: | Security Code: |
| Name as Shown on Card: | Email Address: | Address Associated with Card: | |
| Account / Card Number: | | Authorized Signature: | |

Acknowledgement and Certification

You will receive a reminder of your next pledge payment due date (30 days from the original gift date in the following two consecutive years).

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