



Women's Fund 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 Donor(s)

Thank you for making a gift to the Women's Fund. 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.

Ithaca Falls level gift of \$2,500
Beebe Lake level gift of \$1,000*
Fall Creek level gift of \$500
6 Mile Creek level gift of \$250

*You will be recognized as a **Beverly Baker Society Member** for each year in which you give \$1,000 or more

Information About Individual(s)

Contributing Donor(s) Name(s):

Contributing Donor(s) Email Address:

Contributing Donor(s) Address:

Contributing Donor(s) Phone Number:

Information About Gift

Fund:

Women's Fund

Women's Fund Endowment (default)

Recurrence:

One-Time Gift

Pledge (years _____, _____, & _____)

This gift is:

in memory of

in honor of (include name and address) ↓

Amount of Gift:

\$

Name and Address for Notification (honoree):

Gift Disbursement (select one):

Enclosed, please find my / our gift.

Payee: Community Foundation of Tompkins County

Memo: "Women's Fund" or "Women's Fund Endowment"

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

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:

Women's Fund donors will be acknowledged on the Community Foundation's annual report or 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). It / they should be listed 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. 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):

VISA MasterCard 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

Signature(s) of Contributing Donor(s):

Date: