

Have questions? Need assistance?

Community Foundation

200 E Buffalo St Suite 202 Ithaca, NY 14850

(607) 272-9333 nmassicci@cftompkins .org

Information for Donor(s)		
	Gift Designation Recognition (\$1,000 or more):	
	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) Ph	one 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):		
\Box I / we agree to allow the Community Foundation to mention my / our name(s) as:		
- 17 we agree to allow the commany roundation to mention my rour name (5) as.		
\Box 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):		
My / our first gift will be made in the following month:		
One-Time Gift of \$		
Designation Fund (select one):		
I / we would like my / our pledge to support (select one):		
Community Foundation programs and services		
(where needed most) (provide name of fund):		
Gift Method (select one):		
Check		
Payee: Community Foundation of Tompkins County	(see 'Credit Card Information' below)	
\Box 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. Thank you!	essing fees. To avoid these fees,	you may prefer to send a
Card Name (select one):	Expiration Date:	Security Code:
🗆 VISA 🗆 MasterCard 🗀 American Ex. 🗆 Discover	·	
Name as Shown on Card: Email Address:	Address Associated with	Card:
Account / Card Number:	Authorized Signatures	
Account / Card Number.	Authorized Signature:	
Check here \Box if you select to cover fees.		
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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:		