



COMMUNITY  
FOUNDATION  
OF WESTERN MASSACHUSETTS

Please complete and mail this form to:  
PO Box 15769. Springfield, MA 01115-5769

**Donor Contact Information**

Name: \_\_\_\_\_

Organization/Business: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Gifts will be listed in our Annual Report unless requested otherwise**

Yes, please list me as my name appears above       No, I wish to remain anonymous

**This gift is**     **in honor of**     **in memory of**    (if for more than one person, please instruct accordingly)

\_\_\_\_\_

**We will send acknowledgement to the family/honoree if address is provided:**

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

**Please choose how you would like us to direct your gift. You may donate to more than one fund.**

Annual Fund – *Supporting all the work of the Community Foundation*      \$ \_\_\_\_\_

Another named fund at the Community Foundation of Western Massachusetts      \$ \_\_\_\_\_

Name of Fund: \_\_\_\_\_

*Please make your check payable to the Community Foundation of Western Massachusetts, with the fund name in the memo line. Gifts are tax deductible to the extent permitted by law.*