



**COMMUNITY
FOUNDATION**
OF WESTERN MASSACHUSETTS

*Please complete and mail this form to:
333 Bridge St, Springfield MA 01103*

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.