

YES, I wish to support the work of the Community Foundation of Western Massachusetts

Please complete and mail this form to: 1500 Main St., PO Box 15769, Springfield, MA 01115

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:

GIFTS BY CREDIT CARD:

Card Type: Card Number: Exp. Date

GIFTS BY CHECK:

Please make your check payable to the Community Foundation of Western Massachusetts.

GIFTS OF APPRECIATED SECURITIES:

Review or print instructions for [making gifts of stock](#)

ALL OTHER TYPES OF GIFTS:

A staff member will contact you within one business day of submitting this form.

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

- Community Scholarship Fund - *Supports Scholarships for local students*
- Hampden County Grantmaking Fund - *Supports Grants to charities in Hampden County*
- Hampshire County Grantmaking Fund - *Supports Grants to charities in Hampshire County*
- Franklin County Grantmaking Fund - *Supports Grants to charities in Franklin County*
- Annual Fund - *Supporting all the work of the Community Foundation of Western Massachusetts*
- 5 & Under Initiative - *Providing Access to Opportunity for Children Ages 0-5 in Poverty*
- Another Fund at the Community Foundation of Western Massachusetts

Name of Fund

Total Gift \$

Gifts are tax deductible to the extent permitted by law.