



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.