

# MAIL-IN GIFT/PLEGE FORM



Please fill in the appropriate sections, print out this form, and mail to:

Chautauqua Foundation  
 PO Box 28  
 Chautauqua, NY 14722

► Items marked with an asterisk (\*) are required because without them we are unable to record your gift accurately.

## STEP 1 | PERSONAL INFORMATION

### Donor Name

Prefix	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.    If other, please specify _____						
* First		Middle		* Last		Suffix	

### Spouse / Partner Name

Prefix	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.    If other, please specify _____						
First		Middle		Last		Suffix	

### Contact Information

* Email address		Phone	(    )
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### Permanent Address

Please enter the address where you wish your gift acknowledgment sent.

* Address			
* City		* State	
* Zip		Country	

### Additional Address

Address			
City		State	
Zip		Country	

## STEP 2 | HOW YOU WOULD LIKE YOUR GIFT TO BE USED

* Gift Amount	\$	Please indicate if your gift is a... <input type="checkbox"/> One-Time Donation <input type="checkbox"/> Monthly Recurring Donation**
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\* Please specify how you would like your gift to be used:

- Endowment | unspecified
- Endowment | other
- Other \_\_\_\_\_

### Other specifications | Recipient acknowledgment (if applicable please include name & address)

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**STEP 3 | PAYMENT INFORMATION**

<b>Indicate method of payment</b>	<input type="checkbox"/> Check	<input type="checkbox"/> Checking/Savings Account	<input type="checkbox"/> Credit Card
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*If you are paying by credit card, please enter your information below:*

* <b>Credit Card Type</b> (please check one)	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
* <b>Credit Card Number</b>		* <b>Security Code</b> (3 digit code on the back of the card)	
* <b>Expiration Date</b>	_____ / _____		
* <b>Name as it appears on your card</b>			

*If you are paying by bank account, please enter your information below:*

Account Type:	Bank ABA Routing Number: _____
<input type="checkbox"/> Checking	
<input type="checkbox"/> Savings	Bank Account Number: _____
Bank Name: _____	
Account Holder Name: _____	

*If there is any additional information we need to handle your gift properly please provide it here:*

**You can significantly increase your gift to Chautauqua by checking with your human resources office and sending a completed matching gift form to our office.**

**We will confirm your gift with them and notify you when the matching funds have been received.**

Do you work for a company that matches gifts to charity?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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If "yes," please enter the name of your company:

Is this gift in honor of memory of someone?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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If "yes," please indicate the person who the gift is in honor/memory of:

Please indicate who should be notified of the honorary/memorial gift (name and address):

**\*\* If you selected the Monthly Recurring Donation option, your card will be automatically deducted that amount each month until you notify us to do otherwise. You will receive an annual statement in late January for tax purposes.**

**Thank you for your support of the Chautauqua Foundation!**

If your gift is a one-time donation, you will receive an acknowledgment and receipt for tax purposes.  
For monthly recurring donations, you will receive a receipt in January for all gifts processed in the preceding year.