

MAIL IN GIFT 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	()
-----------------	--	-------	----------

Permanent Address

Please enter the address 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**
---------------	----	--

* Please specify how you would like your gift to be used:

- | | |
|--|---|
| <input type="checkbox"/> Use my gift where it is needed most | <input type="checkbox"/> Annual support recreation |
| <input type="checkbox"/> Annual support the arts | <input type="checkbox"/> Annual support buildings & grounds |
| <input type="checkbox"/> Annual support lectures & education | <input type="checkbox"/> Endowment unspecified |
| <input type="checkbox"/> Annual support religion | <input type="checkbox"/> Endowment other _____ |
| <input type="checkbox"/> Annual support youth programs | <input type="checkbox"/> Other _____ |

--

STEP 3 | PAYMENT INFORMATION

Indicate method of payment	<input type="checkbox"/> Check	<input type="checkbox"/> Checking/Savings Account	<input type="checkbox"/> Credit Card
-----------------------------------	--------------------------------	---	--------------------------------------

If you are paying by credit card, please enter your information below:

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

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

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank ABA Routing Number: _____ Bank Account Number: _____
Bank Account Name: _____	
Account Holder Name: _____	
**If you selected the Monthly Recurring Donation option, your card will be automatically deducted that amount each month, until you notify us otherwise. An annual statement will be provided in late January for tax purposes.	
<i>If there is any additional information we need in order to handle your gift properly please provide it here:</i>	
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 your charity of choice?	<input type="checkbox"/> yes <input type="checkbox"/> no
If "yes," please enter the name of your company:	

Thank you for your support of Chautauqua.

If your gift is a One Time Donation, you will receive an acknowledgement and receipt for tax purposes upon processing. For Monthly Recurring Donations, you will receive a receipt in early January for all gifts processed in the preceding year.