MAIL-IN GIFT/PLEDGE FORM



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

Chautauqua Institution Office of Advancement PO Box 28 Chautauqua, NY 14722

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

STEP 1	PERSON	AL INFORM	IATIO	N							
Donor N	Name										
Prefix	□ Mr.	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. If other, please specify							-		
* First				Middle		* Last				Suffix	
Spouse /	/ Partner Na	me								•	
Prefix	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. I					f other, please specify					
First				Middle		Last				Suffix	
Contact	Information	1									
* Email address							Phone	()		
	ent Address nter the addr	ess where you	u wish y	our gift	acknov	vledgme	nt sent.				
* Address											
* City							* State				
* Zip							Country				
Addition	nal Address										
Address											
City							State				
Zip							Country				
STEP 2	HOW YO	U WOULD	LIKE Y	OUR C	HFT 1	O BE U	USED				
* Gift Amount	\$					Please indicate if your gift is a One-Time Donation Monthly Recurring Donation**					
* Please	specify how	you would lii	ke your g	gift to be	used:						
	Use my gift where it is needed most Annual support performing and visual arts Annual support lectures and education Annual support religion Annual support youth programs Other					Annual support recreation Annual support arts education Annual support literary arts Annual support scholarship Annual support grounds and public spaces					

Other specifications Recipient acknowledgment (if applicable please include name & address)									
_									
TEP 3 PAYMENT INFOR	RMATION								
ndicate method of payment	☐ Check ☐	Lacking/Savings Account	☐ Credit Card	☐ Pledge					
If you a	ıre paying by credi	t card, please enter your	information below:						
Credit Card Type (please check one)	□ VISA	☐ American I	n 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 ан	re paying by bank o	account, please enter you	· information below:						
ccount Type:	Bank ABA Routing Number:								
Checking									
Savings	Bank Account Num	nber:							
ank Name:									
account Holder Name:									
f there is any additional nformation we need to andle your gift properly lease provide it here:									
You can significantly increase ompleted matching gift form	to our office.			and sending a					
We will confirm your gift with									
Oo you work for a company tha	it matches gifts to char	ity? \square yes	□ no						
f "yes," please enter the name of	of your company:								
s this gift in honor of memory	of someone?	□ yes	∐ no						
f "yes," please indicate the pers	son who the gift is in h	nonor/memory of:							
lease indicate who should be r	notified of the honorary	y/memorial gift (name and add	ress):						

Thank you for your support of Chautauqua Institution!