



Board of Directors

To Our Community Benefactors:

*Chair*

John Hinchcliff

Thank you for making this special gift to the Community Foundation of Tompkins County!

*Vice Chair*

Bill Myers

By becoming a *Community Benefactor* of the Community Foundation of Tompkins County, you are supporting the general and operating needs of the Foundation and its activities in service to our communities. Your three-year pledge of \$1,000 annually for 2004-2006 will be very helpful in allowing the Community Foundation to reach operational security by 2006.

*Secretary*

Diane Shafer

*Treasurer*

Joanne James

All gifts are tax-deductible. Please return this form with your 2004 gift and your gift pledge for 2005 and 2006 in the envelope provided. You will receive an annual reminder of your pledge.

*Immediate Past Chair*

Peg Hendricks

\_\_\_ Enclosed, please find my gift for 2004.

\_\_\_ I would like to pay by credit card (*see reverse side*).

\_\_\_ I pledge to make additional gifts of \$1,000 annually in 2005 and 2006.

*Community Benefactors* will be acknowledged in the Community Foundation's Annual Report, on our Website, and in other publications we do. Please indicate your permission for us to use your name in these ways.

\_\_\_ I/We agree to allow the Community Foundation to mention my/our name(s) as *Community Benefactors*:

- in press/media releases or other public communications of the Foundation, as appropriate;
- in the Foundation's Annual Report to the Community;
- on the Foundation's website.

When being listed, I/we wish to be listed as:

\_\_\_\_\_

\_\_\_ Request for Anonymity: I/we do not wish to be listed as a *Community Benefactors* in any way.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Donor Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Donor Address

\_\_\_\_\_  
E-mail

Checks should be written to: *Community Foundation of Tompkins County*. Please note on the memo line "*Community Benefactor*."

***Thank you so much for supporting the Community Foundation in this meaningful way!***

*Gifts made by credit card will be processed upon receipt of this form. Your card will be charged annually on this date (2005-2006) unless the Foundation is told to do otherwise.*

**Credit Card Information:**

Card Name (please circle): VISA      Mastercard      American Express

Name as shown on card (please print): \_\_\_\_\_

Account/Card # \_\_\_\_\_      Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_      Security Code \_\_\_\_\_

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

***Thank you again!***