



**COMMUNITY  
FOUNDATION**  
OF WESTERN MASSACHUSETTS

*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.*