

The Women's Fund

of the Community Foundation for South Central New York

I would like to pledge:

\$ _____ quarterly / twice a year / once a year (circle one)

for _____ year(s)

My total donation will be \$ _____

Name _____

Street Address _____

City, State, Zip _____

E-mail _____ Phone _____

This gift is in honor of / in memory of (circle one)

Name: _____

Occasion: _____

Send gift notification to: _____

Address: _____

Make all checks payable to **CFSCNY**, noting "Women's Fund" in the memo section, OR
for credit card payments: VISA MC

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code (3-digit): _____

Signature: _____

For non-cash gifts such as stock, please call the Foundation.

Absent a specific restriction imposed by a donor, the Community Foundation is permitted by law to expend so much of an endowment fund as it deems prudent after considering the factors set forth in Not-for-Profit Corporation Law Section 553(a).

A copy of the Community Foundation for South Central New York's Annual Report may be obtained, upon request, from us directly or from the NYS Attorney General's Charities Bureau at 120 Broadway, 3rd Floor, New York, New York, 10271.

***Community Foundation for South Central New York
520 Columbia Drive, Suite 100, Johnson City, NY 13790
(607) 772-6773***