



Please make your check payable to The Community Foundation.

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City _____ State _____ Zip _____

Phone _____ Email _____

- Yes, I would like to receive additional information on the Community Foundation.
- Yes, I would like to know how to include the Foundation in my will or other estate plans.
- Please send me more envelopes.
- No, I do not want to receive any further mailings from the Foundation.

This gift is made:

In memory of _____

In honor of _____

To support the _____ Fund.

A complete listing of funds is available upon request or online at www.comfdn.org.

An acknowledgement of your gift will be sent to the person(s) indicated below.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Mail Donations to:
The Community Foundation
505 West Third Street
Marion, Indiana 46952

Your gift is tax deductible as provided by law.

Thank you for your support of the mission of the Community Foundation.