



Memorial and Special Occasion Gifts

In Memory Honor

of: _____

You will receive confirmation for your gift. In addition, acknowledgement (without reference to amount) will be sent to the person(s) indicated below:

Name _____

Street Address _____

City _____ State _____ Zip _____

If you'd like to pay by credit card, please complete the following: Master Card VISA

Account Number _____ Expiration Date _____

Signature _____ Date _____

We thank you for your Gift to the Community Foundation

Please direct this gift in the amount of \$ _____ to one of the Spirit of Community Funds which have been created to strengthen Hancock County and the organizations that serve its people.

_____ **The Enrichment Fund** _____ **Clean and Green Fund** _____ **Humanitarian Fund**
_____ **Agricultural Heritage Fund** _____ **Community Vitality Fund** _____ **Lifelong Learning Fund**
_____ **Arts and Culture Fund** _____ **Strong Families and Youth Fund**
or _____ **Other Fund Name** _____

When receiving recognition for all gifts, I would like my/our name to appear as:

_____ Telephone _____

Address _____ City _____

State _____ Zip _____ Email _____

Mail to: **Hancock County Community Foundation**
312 E. Main Street, Greenfield, Indiana 46140

Fax to: 317-467-3330