

# 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:

\_\_\_\_\_ **The Ambassador Community Development Fund**

*This fund allows HCCF to meet the needs of a changing community by responding to nonprofit grant requests as well as proactively identifying and addressing Hancock County's needs.*

\_\_\_\_\_ **Other Fund** (please specify) \_\_\_\_\_

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

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_