



## Marshall County Community Foundation, Inc.

*Serving Marshall County through the growth and administration of endowment funding and philanthropy*

### Gift Intention Form

#### Donor Information (please print or type)

Name	
Address	
City, State, Zip	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

#### Gift Information

I (we) wish to make a \$ \_\_\_\_\_ contribution to the **Bremen Public Schools Education Endowment Fund**

in the form of: \_\_\_\_ cash \_\_\_\_ check \_\_\_\_ credit card \_\_\_\_ other.

Credit card type	____ Visa ____ Master Card
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by \_\_\_\_\_ (company/family/foundation).

\_\_\_\_ form enclosed \_\_\_\_ form will be forwarded

#### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

--

\_\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)	Date
--------------	------

Please return this form and make checks, corporate matches, or other gifts payable to:

Marshall County Community Foundation, Inc.

P.O. Box 716

Plymouth, IN 46563

(574) 935-5159

[www.marshallcountycf.org](http://www.marshallcountycf.org)