



CFCC/Lilly Endowment Inc. GIFT VII \$2 Match for each \$1 Donated Pledge Form

Donor(s): _____

Address: _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Yes! I believe in the mission of the CFCC and the Lilly Endowment Inc. Matching Gift Program and want to support it. Pledges for this purpose must be booked by September 30, 2021 and paid in full by December 31, 2023.

Matching grants will be honored on a first come, case-by-case basis, with board approval until matching dollars are expended.

Terms of Pledge

Total Amount of Pledge:
\$ _____

Pledge to be paid as follows:

I am supporting this project today with the gift of:

\$ _____

Single year payment of pledge:

\$ _____

Beginning on (date): _____

Multi year payment of pledge:

\$ _____

Beginning on (date): _____

To be paid over (yrs): _____

- Please bill me: Annually
 Monthly
 Quarterly
 Other:

Method of Payment(s)

Check payable to:
Community Foundation of
Crawford County

Please charge my:
Credit Card Number

Expires: _____

Sec. Code: _____

Planned Gifts and Stock:

Please contact the Foundation for more information.

Other:

My/Our gift will be matched by:

- Matching gift enclosed
 Matching gift form will be sent

By this pledge, I/we are making a binding commitment to give the amount(s) specified below, which pledge the Community Foundation of Crawford County (the "Foundation") accepts and will act in reliance upon to begin this project. I/We intend that the terms of this pledge will be legally binding upon and enforceable against me/us and my/our respective successors and heirs (including, without limitation, my/our estate(s) and executor(s)). This pledge shall be governed by and interpreted under the laws of the State of Indiana. The Foundation is a not-for-profit, tax-exempt organization under the provisions of section 501(c)(3) of the Internal Revenue Code. The Foundation's federal tax identification number is 20-0834966. Donations are tax-deductible to the extent allowed by law.

Donor Signature: _____

Donor Signature: _____ Date: _____

Donor Signature: _____ Date: _____

Public Recognition

The Foundation may publicly acknowledge my commitment: Yes No

This gift commitment is made in honor/memory of:

Please send notification of my honorary/memorial gift to:

Name: _____

Address: _____

City, State, Zip: _____

Special Instructions: _____

This form is for unrestricted gift pledges only. These gifts will receive a match of \$2 for each \$1 donated, while matching dollars last. You may select to give to one or more of funds on the following page.

Thank you for your charitable contribution.

4030 East Goodman Ridge Road, Box D, Marengo, IN 47140

P. 812.365.2900 | CF-CC@CF-CC.org | www.CF-CC.org

Fund Options

These are the current "unrestricted" funds that the CFCC uses to award competitive community grants. You may select one or more funds for your contribution(s). If you select more than one fund you may also designate how much from your pledge goes to each fund. If you prefer not to make a selection, donations will go toward the Making Generosity Last Forever Fund.



Make your fund selection by placing a check mark next to it.

C. A. Poling Fund	\$
CFCC Founder's Fund - Charter Member Society	\$
Earl E. Harbeson & Ronald J. Knies Grantmaking Fund	\$
Making Generosity Last Forever Fund	\$
Milton and Ruth Roggenkamp Family Unrestricted Fund	\$
Paul Sanders Fund	\$
Schulz/Schultz Family Charitable Fund	\$

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* Matching grants will be honored on a first come, case-by-case basis, with board approval until matching dollars are expended.

You may also give online at <http://www.cf-cc.org/donate-now.html>.

This form is for unrestricted gift pledges only. These gifts will receive a match of \$2 for each \$1 donated, while matching dollars last. You may select to give to one or more of funds above. You will receive a letter of confirmation once your pledge is approved by the Board.

Thank you for your charitable contribution.

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