

MAIL IN GIFT FORM



Please fill in the appropriate sections, print out this form, and mail to:

Chautauqua Institution
 Development Office
 PO Box 28
 Chautauqua, NY 14722

► Items marked with an asterisk (*) are required because without them we are unable to record your gift accurately.

STEP 1 | PERSONAL INFORMATION

Donor Name

Prefix	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. If other, please specify _____						
* First		Middle		* Last		Suffix	

Spouse / Partner Name

Prefix	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. If other, please specify _____						
First		Middle		Last		Suffix	

Contact Information

* Email address		* Phone	()
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Permanent Address

Please enter the address to which you wish your gift acknowledgment sent.

* Address			
* City		* State	
* Zip		Country	

Additional Address

Address			
City		State	
Zip		Country	

STEP 2 | HOW YOU WOULD LIKE YOUR GIFT TO BE USED

* Gift Amount	\$	<input type="checkbox"/> Check here if gift should be applied to a prior commitment.
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* Choose an area to which to direct your gift.

- | | |
|--|--|
| <input type="checkbox"/> Use my gift where it is needed most | <input type="checkbox"/> Endowment unspecified |
| <input type="checkbox"/> Annual support the arts | <input type="checkbox"/> Endowment other _____ |
| <input type="checkbox"/> Annual support lectures | <input type="checkbox"/> Buildings & grounds unspecified |
| <input type="checkbox"/> Annual support religion | <input type="checkbox"/> Buildings & grounds other _____ |
| <input type="checkbox"/> Annual support youth & recreation | <input type="checkbox"/> Other _____ |

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STEP 3 | PAYMENT INFORMATION

Indicate if you are paying by check or credit card	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card
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If you are paying by credit card, please enter your information below (we accept VISA, MasterCard, or American Express)

Total amount to charge	\$ _____		
* Credit Card Type <small>(please check one)</small>	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
* Credit Card Number		* Security Code (3 digit code on the back of the card)	
* Expiration Date	_____/____/____		
* Name as it appears on your card			

If there is any additional information we need in order to handle your gift properly please provide it here:

Do you work for a company that matches gifts to your charity of choice?	<input type="checkbox"/> yes <input type="checkbox"/> no
If "yes," please enter the name of your company:	
You can significantly increase your gift to Chautauqua by checking with your human resources office and sending the matching gift form to: <div style="text-align: center; margin-top: 20px;"> Chautauqua Institution Development Office Matching Gifts PO Box 28 Chautauqua, NY 14722 </div>	

Thank you for your support of Chautauqua.

Within the next two weeks, once your check or credit card charge has been processed, you will receive by mail an acknowledgement of your contribution that you can save for your tax records.