

**NY Grace LeGendre Endowment Fund Inc.
Contribution Form**

Name _____

Address _____

Phone _____ E-mail _____

Local NYSWI Chapter (if applicable) _____

Participant gift (any amount) \$ _____

Benefactors Gift (Pledge of \$1,000 or more which may be given over a period of time)

\$ _____

My employer has a Matching Gift program - Yes / No

If Yes, please supply your Employer's name/address:

Make checks payable to **NY Grace LeGendre Endowment Fund, Inc.** The NY Grace LeGendre Endowment Fund, Inc. is a 501(c)(3) not-for-profit corporation and contributions are deductible to the extent allowed by law.

Please advise if your employer has a Matching Gift program.

Optional: My gift is made:

In honor of _____

In memory of _____

Send acknowledgement to

Mail your check with the completed Contribution Form to

NY Grace LeGendre Endowment Fund, Inc.,
P.O. Box 67
Voorheesville, NY 12186

E-mail queries may be addressed to donate@gracelegendre.org