



**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:

Optional: My gift is made:

In honor of _____

In memory of _____

Send acknowledgement to

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. Mail your check with the completed Contribution Form to

NY Grace LeGendre Endowment Fund, Inc.,
124 Gateway Dr
Staten Island, NY 10304

E-mail queries may be addressed to nsteiniger@si.rr.com