



2019 Contribution Form

Name: _____

Preferred Mailing Address: _____

City, State and Zip: _____

(H) Phone: _____ (O) Phone: _____ (C) Phone: _____

Email: _____ Fax: _____

Please tell us how you would prefer to be listed in publications: _____

I wish to remain anonymous.

CONTRIBUTION OPTIONS (Check All That Apply)

Option 1: Gift to the Annual Grantmaking Pool \$ _____
 Multi-Year Pledge Contribution _____ Years

Option 2: Gift to the Endowment \$ _____
 Multi-Year Pledge Contribution _____ Years

Option 3: I would like to know more about Estate Planning or Legacy Giving.
(A Community Foundation staff member will contact you.)

PAYMENT OPTIONS I understand payment is due by April 30, 2019 to be counted toward the 2019 grant cycle. Payments received May 1 or later will be counted toward grants made in 2020.

____ I will pay by April 30, 2019 Please send me an invoice for payment.

____ Enclosed is my check payable to the LGBTQ Community Fund for Northeast Florida
Amount: _____ Check number: _____

____ I will pay by credit card
Card type: _____ Card Number: _____
Exp. date: _____ Name on card (if different): _____
Total to be charged: \$ _____

PLEASE NOTE: It is a LGBTQ Fund expense of 2.6% if you choose to use your credit card. Please help us avoid decreasing the grant pool/endowment, by writing a check, or increasing your contribution to cover this fee.

____ If you would like to transfer stock, please reach out to Amber Jubinsky at 904.356.4483 or ajubinsky@jaxcf.org.

I acknowledge there will be no material benefit to me for these contributions. This contribution form may be altered or revoked at any time in the sole discretion of the Donor, and nothing in this form should be deemed an enforceable pledge by the Donor for which The Community Foundation may rely upon. (Contributions are tax deductible to the fullest extent of the law.)

Signature (REQUIRED): _____

Return to Sally Pettegrew, The Community Foundation for Northeast Florida, 245 Riverside Ave., Suite 310, Jacksonville, FL 32202. E-mail spettegrew@jaxcf.org or fax to 904-356-7910. Questions? Call Nina Waters at 904-224-7200 e-mail at nwaters@jaxcf.org.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. (CH2304).