



Whatcom Community Foundation

CONNECTING PEOPLE WHO CARE
WITH CAUSES THAT MATTER

Gift Commitment Form

Title: Dr. Mr. Mrs. Ms. Miss
Name(s): _____
Address: _____
City/State: _____ **ZIP Code** _____
E-mail: _____ **Phone:** _____

In any and all Donor Recognition associated with this gift, please list the Donor as:

Donor : (ie: *The Smith Family*) _____

I/we prefer to remain anonymous

I/WE WISH TO MAKE A GIFT OF \$ _____

To the _____ Fund of Whatcom Community Foundation

Signature: _____ **Date:** _____

I/WE WISH TO PAY BY:

- Check Payable to: **Whatcom Community Foundation**
 In the memo line please note the fund gift is designated for, i.e. "The XYZ Fund"
- Visa MasterCard

Account number: _____ c.c. Exp. Date: _____

Signature: X _____

My/our gift qualifies for Matching Funds (paperwork enclosed)

Please mail or fax to:

Whatcom Community Foundation

119 Grand Ste. A, Bellingham WA 98225 (360)671-6463

Fax: (360)781-6437

Email: WCF@Whatcomcf.org