Gift Contribution Form



To make a tax deductible donation, please print out this form and mail to:

Community Foundation for San Benito County 440 San Benito Street Hollister, CA 95023

Enclosed please find my tax deductible gift to the Community Foundation for San Benito County in the amount of:

\$	for current operating	g support of the Foundation	on.			
\$	for the unrestricted	grantmaking endowment.				
\$	for the					Fund.
\$	(Visit our website at www.GiveSanBenito.org for a complete list of funds) TOTAL					
Please charge						
Card Number_			Exp. Date		_ CSC# (3-digit secu	rity code)
Signature			VISA	MC	DISC	AMEX
Contact Inf	ormation					
Name(s):						Other types of gifts:
Address:						Please send me more information about gifts of
City:		Sta	ate:Z	ip:		stock, real estate or other assets.
Phone:		Email:				Please send me additional information on how I can support the
Special Tribut	e Option: My gift is in	honor/memory of:				Community Foundation through a planned gift.
Please ac	knowledge my gift to: _	(Name)			Join the Legacy Society: Please send me more information about gifts	
	-	(Addres	ss, City, State, Zip)			through my estate.

Your gift is greatly appreciated!

Community Foundation for San Benito County

Community Foundation for San Benito County is a 501(c)3 nonprofit organization. Federal Tax Identification #77-0312582 831-630-1924 • www.GiveSanBenito.org • info@givesanbenito.org

For Good... For Ever