

# Helping YOU help YOUR community



## Community Foundation of Marshall County

Your generosity will make our community a better place today and in the future.

### Donor Information (please print or type)

Name \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, St Zip Code \_\_\_\_\_  
Phone 1 | Phone 2 \_\_\_\_\_  
Fax | Email \_\_\_\_\_

Name of fund to receive contribution \_\_\_\_\_

Contribution total \$ \_\_\_\_\_

This gift in Honor of (optional) \_\_\_\_\_

Gift will be matched by (company/family/foundation) \_\_\_\_\_

form enclosed     form will be forwarded

### I (we) are interested in more information about:

Planned giving in our will \_\_\_\_\_ Making a gift of grain \_\_\_\_\_ Gifts of farmland \_\_\_\_\_ A life insurance gift \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

Please make checks, corporate matches, or other gifts payable to:

**Community Foundation of Marshall County**  
**1 North 1<sup>st</sup> Avenue**  
**Marshalltown, IA 50158**