



# The Jackson Legacy Program

Investing. Advancing. Securing.

Our youth. Our future.

## JACKSON LEGACY PROGRAM

*Yes, I/we wish to support the Jackson Legacy Program campaign to provide new educational opportunities for our youth and to boost the economic vitality of Jackson County.*

This gift will be:  Cash gift  Pledge with initial payment  IRA Rollover  Pledge  Stock  Other

TOTAL amount of pledge/gift: \$ \_\_\_\_\_

Enclosed is my gift of \$ \_\_\_\_\_

I pledge a gift of \$ \_\_\_\_\_

Initial Payment Enclosed \$ \_\_\_\_\_

**Please note this gift will be used for immediate scholarship needs unless you indicate otherwise.**

I/we anticipate payments to be made  monthly  annually  quarterly  
beginning (month) \_\_\_\_\_ (year) \_\_\_\_\_ for a pledge period of \_\_\_\_\_ years.

### PLEDGE/GIFT COMMITMENT FORM

Please make checks payable to: **Jackson Community Foundation** (note Jackson Legacy Program on memo line.)

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ E-mail \_\_\_\_\_

I/we wish this gift to made in honor/memory of: \_\_\_\_\_

I/we have enclosed a matching gift form from my/or employer: \_\_\_\_\_

I/we wish this gift to made anonymously: \_\_\_\_\_

I/we are interested in making an estate or deferred gift to complement our support of the Jackson Legacy Program. Please contact us at \_\_\_\_\_.

SIGNATURE(S) \_\_\_\_\_ Date \_\_\_\_\_

**Thank you** for your thoughtful donation to support the *Jackson Legacy Program*.

**Jackson Community Foundation**

One Jackson Square, Suite 308 • Jackson, Michigan 49201 • (517) 990-0671