

Gift Designation Form

Thank you for helping to further enrich the quality of life in our community. Gifts should be made payable to the **Jackson Community Foundation**. If your gift is to benefit a specific fund, indicate the name of the fund in the memorandum section of your check. Please contact the Community Foundation at (517) 787-1321 if you would like to make a gift other than cash (such as appreciated stock, bequests, trusts, real estate or personal property).

☐ I would like to remain anonymous.			
Address	City	State	Zip
Home Phone ()	Email		
Enclosed is my gift of \$	to the Jackson Community Fou	ndation. I would like my	gift deposited in the
Community Needs Endowment Fund	The	Endowment Fund	
Operating Expense (non-endowed)	☐ The	Endowment Fund	
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☐ The Jackson Legacy Endowment Fund	<u></u>	ey Non-endowed Scholars	
☐ The Jackson Legacy Endowment Fund Memorial or Honorary Gifts The Community Foundation provides a me	☐ The Jackson Legad	ey Non-endowed Scholars Apress sympathy or respec	hip Fund
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Please mail gift and form to: Jackson Community Foundation, 100 S. Jackson St., Suite 200, Jackson, MI 49201