

Lakeside Chautauqua Foundation

Honor. Thank. Remember. Tribute Gift Form

Please return to the Lakeside Chautauqua Foundation Office, Attn: Advancement.



Lakeside Chautauqua Foundation
236 Walnut Avenue
Lakeside, OH 43440
www.lakesideohio.com
(419) 798-5396

DONOR'S CONTACT INFORMATION

Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Email: _____

GIFT DETAILS

In honor of _____ In memory of _____

Please provide Lakeside stationary so I may personally notify friends and family of my gift.

OR

I prefer that the Lakeside Chautauqua Foundation notify the following individual or family of this contribution on my behalf. (Please complete the shaded box below.)

PERSON TO NOTIFY ABOUT THE DONATION

Complete only if checked above.

Name: _____ Relation (if applicable): _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Email: _____

RELEASE CONSENT

The Lakeside Chautauqua Foundation has my permission to release my information to the family of the honored or remembered individual.

Signature: _____ Date: _____

MEHTOD OF PAYMENT

I wish to donate the amount of \$ _____

In support of the following: _____

Select method of payment:

Check (make payable to Lakeside Chautauqua Foundation) VISA MASTERCARD DISCOVER

Cardholder's Name: _____ Billing Zip Code: _____

Credit Card Number: _____ Expiration Date: _____

CRW (Security Code): _____ Date of Payment: _____

Cardholder's Signature: _____

FOR INTERNAL USE ONLY

Certificate Number:
Date Processed:

Account Number:
Notes: