



## DONATION FORM

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

This gift is made  in memory of  in honor of

Name Shawn Brennan

### For the benefit of:

Unrestricted Gifts for Community Grants and Youth Council Grants

Named Fund. Please specify the name of the fund. See Funds Listing for a complete list of funds.

Shawn Brennan Memorial Fund

### The Community Foundation will send a gift acknowledgment on your behalf to:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

### Donor information:

/we prefer to remain anonymous.

Check One:  Mr./Mrs.  Mr.  Mrs.  Ms.  Other

Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**Make checks payable to the Erie County Community Foundation**

*Thank you very much for your generous support!*

