

INDIVIDUAL/COMPANY NAME *(as it will appear in the Community Foundation's promotional materials)*

PRIMARY CONTACT

PHONE

EMAIL

ADDRESS

CITY, STATE, ZIP

Cash or Cash Equivalents \$ _____

A check payable to the Community Foundation/The Permanent Fund is enclosed **OR** Visa MC AmEx

CREDIT CARD NUMBER

NAME ON CARD

EXPIRATION DATE

Noncash Assets

Description of Noncash Asset: _____

Approximate Current Value: _____

PLEASE CONTACT THE COMMUNITY FOUNDATION REGARDING OUR GIFT ACCEPTANCE POLICY FOR GIFTS OF NONCASH ASSETS.



Send Form & Payment to:

**THE COMMUNITY FOUNDATION
FOR NORTHERN VIRGINIA**

Attn: Eileen Ellsworth
2940 Hunter Mill Road, Suite 201
Oakton, VA 22124

eileen.ellsworth@cfnova.org | 703.879.7635

Open a New Named Fund:

Fund Name: _____

Fund Donors: _____

Amount of Initial Gift to the Fund: _____

Anticipated Date by which the \$10,000 Fund Minimum will be Paid: _____
(Up to 5 Years from the Initial Pledge Date)

PLEASE CONTACT THE COMMUNITY FOUNDATION TO EXECUTE A NEW NAMED FUND AGREEMENT.

Bequest

Nature and approximate current value of bequest: _____

Beneficiary Designation:

Nature and approximate current value of asset for which the Community Foundation is now the named beneficiary: _____

The Community Foundation for Northern Virginia is a 501(c)(3) public charity, Tax ID # 51-0232459.

Your donation to The Permanent Fund is tax deductible to the fullest extent of the law.