

**Acknowledgement Information**

Please use the following name(s) in all acknowledgements:

\_\_\_\_ I (we) wish to have our gift remain anonymous.

**Gift Recipient Information**

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (optional)	
E-Mail (optional)	

**Fund Information**

Please apply donations to the following fund:

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_\_ form enclosed \_\_\_\_ form will be forwarded

ALL GIFTS ARE TAX DEDUCTIBLE

Please make checks, corporate matches, or other gifts payable to:

**Foundation for Community Partnerships, Inc.**  
**102 Chester Village • Chester, Md. 21619**