

**BECOME A PARTNER IN EDUCATION
WITH THE COLUMBUS CITIZENS FOUNDATION**

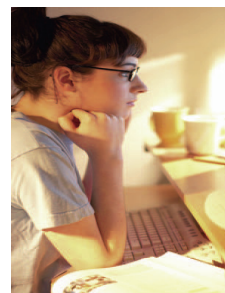
I would like to make a gift in the amount of:

\$25 \$50 \$100 \$250 Other \$ _____

A GIFT IN ANY AMOUNT IS ALWAYS APPRECIATED!

I am including check # _____ as my form of gift giving.

I am using a credit card – see information below



Please complete all areas of the form below. If you are making a gift using a check exclude the credit card information. **Fields marked with an asterisk (*) are required.**

Please make checks payable to “Columbus Citizens Foundation Gift Fund” and mail, along with the form, to:

**Mr. David Iommarini
Executive Director
Columbus Citizens Foundation
8 East 69th Street
New York, NY 10021**

CONTACT INFORMATION:

Salutation _____ First Name* _____ Last Name* _____

Title _____

Organization _____

Address* _____

Check here if this is a business address

City* _____

State* _____

Zip/Postal Code* _____

Business Telephone _____

Home Telephone _____

Email Address* _____

MAIL YOUR GIFT

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CREDIT CARD INFORMATION:

Name as it appears on credit card* _____

Credit Card Company* (please check one)

American Express

Visa

MasterCard

Discover

Credit Card Number* _____

Expiration Date* _____

CSC (Card Security Code) _____
(The 3 or 4 digit number printed on your credit card)

Billing Address* (which appears on credit card statement)

Same as above

If different, please enter address below:

Address* _____

City* _____

State* _____

Zip Code* _____

(Must match billing zip code on file with credit card issuer)

A TAX DEDUCTIBLE RECEIPT WILL BE MAILED TO YOU.