



BECAUSE WE ALL HARBOR AMBITIONS.

THE CAPITAL CAMPAIGN FOR SOUNDWATERS HARBOR CENTER

CAPITAL CAMPAIGN GIFT FORM

DONOR INFORMATION

Personal Gift Corporate Gift

First Name _____

Last Name _____

Company _____

Contact (if different than above)

First Name _____

Last Name _____

Address _____

City _____ State _____

Zip _____

Phone _____

Email _____

GIFT INFORMATION

I am proud to support the SoundWaters Harbor Center Capital Campaign in the amount of:

\$ _____

My donation will be made in the form of

Check Stock

Credit card

Checks are preferred: Payable to SoundWaters

Credit Card Information:

Name (as is appears on the card):

Credit Card # _____

Exp. _____ CCV# _____

GIFT INFORMATION

Donation will be paid: At one time OR Spread over 1 2 3 4 5 years Beginning: ___/___/___

Donation will be paid Annually Semi-Annually Quarterly Other _____

Gift Notes: _____

All programmatic gifts above our \$2 Million short-term operating goal will be designated to our long-term reserve fund.

For multi-year gifts, unless you indicate otherwise, we will send you a payment reminder in the first month of the quarter in which you make your first payment.

DONOR RECOGNITION

Please use the following name(s) in all donor recognition:

I wish to remain anonymous

Donor Signature _____ Date _____

PLEASE RETURN THIS GIFT FORM AND DONATION TO:

SoundWaters Capital Campaign
1281 Cove Road Stamford CT 06902

Questions: 203 406 3303 bmazzone@soundwaters.org

All contributions to SoundWaters are tax deductible. Tax ID# 06-1263947