



THE CHATHAM FUND

of The Cape Cod Foundation

PERSONAL INFORMATION

Name _____

Phone _____ Email _____

Spouse/Partner (Optional) _____

Phone _____ Email _____

Address _____

City/State/Zip _____

Signature (required only for pledges) _____

☐ Please send The Chatham Fund newsletter to the email address(es) listed above

ACKNOWLEDGEMENT

☐ Yes, I/we would like to be included in the list of The Chatham Fund Community Philanthropists and Donors.

Please list us as _____

☐ No, please do not list me. I would like my gift to be anonymous.

PLEDGE COMMITMENTS *Pledges can be paid over a period of up to five years.*

PLEDGE AMOUNT

☐ I/We pledge \$5,000 or more to be Chatham Fund Community Philanthropists. Amount: \$ _____

☐ I/We pledge a total of: ☐ \$2,500 ☐ \$1,000 ☐ \$500 ☐ Other/Amount: \$ _____

PLEDGE SCHEDULE *We will send pledge reminders to the address above.*

☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly

Duration (# payments): _____ Start Date (month/year) _____ Amount per payment: \$ _____

☐ I/We would like to make our first pledge payment of \$ _____ today.

☐ Enclosed is my/our check, made payable to **The Chatham Fund**.

☐ I/We prefer to pay by credit card.

Please complete and mail this form to The Cape Cod Foundation at the address below, then make your first payment online at **ChathamFund.org** or contact The Cape Cod Foundation at 508.790.3040. The Foundation will charge subsequent payments to your credit card according to the Pledge Schedule you indicated above.

OUTRIGHT GIFTS

☐ I/We are making an Outright Gift of \$5,000 or more to be Chatham Fund Community Philanthropists. Amount \$ _____

☐ I/We are making an Outright Gift in the amount indicated. ☐ \$2,500 ☐ \$1,000 ☐ \$500 ☐ Other/Amount \$ _____

☐ Enclosed is my/our check, made payable to **The Chatham Fund**.

☐ I/We prefer to pay by credit card. You may donate online at **ChathamFund.org** or contact The Cape Cod Foundation at 508.790.3040.