



**COMMUNITY  
FOUNDATION  
OF OTSEGO  
COUNTY**

**FOUNDERS CAMPAIGN**

Please include me/us among the **Founders** of **Community Foundation of Otsego County**.

**NAME(s)** as you wish to be recognized \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**Email ADDRESS** \_\_\_\_\_

**PHONES** Home \_\_\_\_\_ Mobile \_\_\_\_\_

**I/we wish to make a gift of \$\_\_\_\_\_ over a period of up to five years in accordance with the following payment schedule: \$\_\_\_\_\_ with this pledge form and**

**2021 \$\_\_\_\_\_ 2022 \$\_\_\_\_\_ 2023 \$\_\_\_\_\_ 2024 \$\_\_\_\_\_ 2025 \$\_\_\_\_\_**

Please indicate if you would like your gift to be anonymous.

Checks should be payable to Community Foundation of Otsego County and mailed to PO Box 55, Springfield Center, NY 13468.

Please contact us directly to arrange for gifts of securities or for credit card transactions.

Email: [Contact@CFOtsego.org](mailto:Contact@CFOtsego.org)

Mobile: 609-306-1124

\_\_\_ Please provide additional information on establishing an endowed fund, a donor advised fund or other special programs.

\_\_\_ Please contact me about making provisions for the CFOC in my estate plan.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Gifts to the Community Foundation of Otsego County are tax deductible to the extent allowed by law.  
9-22-20