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Designate my gift for: _____ Greatest Needs

_____ Toward Building an Endowment Fund at the York Co. Community Foundation

Name(s) _____ Personal or Corporate Gift (circle)

Address _____

Email _____ Phone _____

Recognition

_____ Please indicate how your name should be listed for donor recognition purposes.

_____ I wish to remain anonymous.

_____ This gift is made in honor or memory of: _____

Provide the contact information/address to send notification of your gift to the honoree/estate:

Terms of Gift

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_____ Credit Card: _____ Visa _____ MC _____ AmEx

_____ I would like to fulfill my gift in one payment.

_____ I would like to fulfill my gift with monthly recurring payment of \$ _____.

✓ Please indicate the start date: _____

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Billing Zip Code: _____ 3-Digit Security Code: _____

Signature: _____ Date _____

You can also ensure that our students continue to receive a challenging, holistic, life-changing education by naming York Academy as a beneficiary in your will, trust or estate plan.

Please mail this form with your gift to: York Academy Foundation, 32 W. North Street, York, PA 17401.

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