The Bushnell Annual Fund

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

❑ *Yes, I would like to receive information about The Bushnell via my email.*

For donor recognition purposes, please list my/our name as follows:

_____

❑ Yes, I wish to make a Gift.

I would like to make a gift of $ _____

❑ I have enclosed my check made payable to The Bushnell.

❑ Yes, I wish to make a Pledge.

I wish to make a pledge of $ _____

I will pay my pledge in: ❑ Quarterly ❑ Annual

installments of $ _____ each.

Payment Information

Please charge my credit card: ❑ AMEX ❑ VISA ❑ MASTERCARD ❑ DISCOVER

Account # _____ Exp. Date _____

Name as it appears on your card _____

Signature _____ Date _____

Matching Gifts

Your gift could **double** or **triple** if your company has a matching gift program. To have your gift matched, please ask your company's human resources office for instructions.

My gift will be matched by:

_____

Donor Benefits

❑ Please waive all my donor benefits so my gift is completely tax deductible and The Bushnell can use my entire gift to support the needs of the organization.

Stock Gifts

❑ I wish to give a gift of appreciated stock. Please call me.

Gift Planning

❑ I have included The Bushnell in my will.

❑ Please send me information on gifts that can provide income to me during my lifetime.

THE BUSHNELL

Mail

The Bushnell Annual Fund
166 Capitol Avenue
Hartford, Connecticut 06106

Give Online

www.bushnell.org/donatenow

Call

860.987.6083