Please send this form and your contribution to:

Western Indiana Community Foundation
P.O. Box 175
Covington, IN 47932

First Name:	**Last Name:**	**Phone Number:**

Address (Street, City, State, Zip):	**Email Address:**

Enclosed is my contribution of:

- ☐ $2,500
- ☐ $1,000
- ☐ $500
- ☐ $250
- ☐ $100
- ☐ $50
- ☐ $25
- ☐ $_____ (another amount)

- ☐ $1,000 to establish a new named fund.
- ☐ Please contact me about making a gift of stock.

My contribution is to support projects for:

- ☐ Attica Community Foundation
- ☐ Covington Community Foundation
- ☐ Southeast Fountain Community Foundation
- ☐ Vermillion County Community Foundation
- ☐ Name of Fund or Field of Interest:

(Gifts will be placed in an unrestricted fund unless otherwise noted.)

My contribution is…

- ☐ - "In honor of"
- ☐ - "In memory of"

Please provide a name**:**

Please notify of my contribution:

Name**:**

Address (Street, City, State, Zip)**:**

☐ I would like to receive more information about establishing a fund in my family's name.