

Give Where You Live

Local People. Local Gifts. Local Impact

Commitment Form

Name _____ Date _____

Address _____ City, State, Zip _____

Phone _____ Email _____

Major Gift

Yes, I want to support the Ross Community Foundation Impact Fund

Total \$ _____

My commitment will be paid as follows:

- I/we will provide a check payable to the Ross Community Foundation in the total amount Date _____
- I/we will make payments of \$ _____ annually
 - quarterly
 - monthly over a period of _____ years, beginning _____
- I would like to make a stock gift
- I would like to pay by credit card

My gift indicates I will be recognized as a Founder of the Ross Community Foundation at the

- Platinum Level - \$25,000**
- Gold Level - \$10,000 - \$25,999**
- Silver Level - \$5,000 - \$9,999**

I would like my name to be listed as follows: _____

- I would like to be anonymous



**ROSS COMMUNITY
FOUNDATION** Affiliate of the
Hamilton Community
Foundation