



I want to support our community!

Enclosed is my/our gift of \$ \_\_\_\_\_ to:

- Unrestricted Fund
- The \_\_\_\_\_ Fund
- I/we wish my/our gift to remain anonymous.
- A corporate match is available from \_\_\_\_\_  
(Please enclose matching gift form & company contact information.)
- I would like more information about establishing my own Fund or working with the Clawson Community Foundation.

For Checks please make out in the following manner:  
The Clawson Community Foundation – (Name of Fund)

Name: \_\_\_\_\_  
(As you would like it to appear when listed in publications.)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please print this form and send it along with your donation to:

Clawson Community Foundation  
425 North Main St  
Clawson, MI 48017