

GIFT FORM

To make a donation, please provide the following information.

MAILING INFORMATION

NAME(S) AS YOU WISH THEM TO APPEAR FOR RECOGNITION

PREFERRED MAILING ADDRESS

CITY

STATE

ZIP

TELEPHONE

EMAIL

GIVING LEVELS

Your gift of \$1,000 or more qualifies you for membership in the Società di Amici. You can find out about the many benefits of this special donor group under the Support page on our website.

- AMICI DEI PINI (\$10,000 and above) AMICI DELLA MIMOSA (\$2,500)
 AMICI DEGLI ULIVI (\$5,000) AMICI DELLA BUGANVILLEA (\$1,000)
 \$500 \$100 \$25
 \$250 \$50 OTHER _____

PAYMENT METHOD

- My check is enclosed, made payable to the Bogliasco Foundation
 Please charge \$_____ to my credit card:

ACCOUNT NAME (AS IT APPEARS ON CARD)

ACCOUNT NUMBER

EXPIRATION DATE

SIGNATURE

- Visa MasterCard American Express
 My employer will match my gift.
 I wish to make my gift anonymously.

MORE GIVING OPPORTUNITIES

- Please send me information about underwriting a Fellowship.
 Please send me information about including the Foundation in my estate plans.

FAX FORM TO:

(212) 489-0787

MAIL FORM TO:

The Bogliasco Foundation, 10 Rockefeller Plaza, 16th Floor, New York, NY 10020-1903.