



**THE GREATER  
SOUTH HAVEN  
AREA COMMUNITY  
FOUNDATION**

For **good.** For **all.**

**Greater South Haven Area Community Foundation Donation Form**

I am interested in helping improve the quality of life in the greater South Haven area.

**Enclosed is my gift of \$** \_\_\_\_\_

Please list my donation as "*Anonymous*"

**Please direct my contribution to the following fund(s):**

- Michigan Maritime Museum Matching Grant Legacy Campaign
- South Haven Emergency Response Fund
- Greater South Haven Area Community Foundation Endowment Fund
- Greater South Haven Area Community Foundation Immediate Needs Fund
- Greater South Haven Area Community Foundation Youth Endowment Fund
- Al-Van Humane Society Endowment Fund
- Blessings in a Backpack Endowment Fund
- Blessings in a Backpack Action Fund
- Friends of Pilgrim Haven Nature Area Endowment Fund
- Friends of South Haven Skate Park Endowment Fund
- Grace J. Calvin Scholarship Fund
- H.A.S.H. (Historical Association of South Haven) Endowment Fund
- Judi's Children Fund
- Liberty Hyde Bailey Museum Endowment Fund
- Maritime Museum Endowment Fund
- Richard and Mary Barden Scholarship Fund
- SHARA/SHARP Park Endowment Fund
- Stanley Johnston Memorial Park Endowment Fund
- South Haven Center for the Arts Endowment Fund
- South Haven Memorial Scholarship Endowment Fund
- South Haven Public School Endowment Fund
- Szarkowski Family Fund
- We Care I.N.C. Endowment Fund
- Amy & Tom Eubanks Simon Endowment Fund
- Jerry Mendelson Youth Golf Fund

Name (please print): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

( ) **Matching Gift Program:** If your employer/former employer has a matching gift program for current or retired employees, please contact your Human Resources Department for matching gift forms or provide the information below and we will take care of the rest.

Employer Name: \_\_\_\_\_

HR contact or website: \_\_\_\_\_

Gift in honor/memory of: \_\_\_\_\_

Please notify the following individual(s) of this gift:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Method of Giving:

( ) Visa ( ) Mastercard ( ) American Express ( ) Check

Credit Card #: \_\_\_\_\_

Exp Date: (MM/YY) \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

Signature: \_\_\_\_\_

Checks Payable to:

South Haven Community Foundation

PO Box 507

South Haven, MI 49090

Thank you for your generous gift. Kindly return this form to the above address.