

## Give 250 Connecticut

## Match Form

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Donor Name

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Primary Contact Name

Title

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Primary Contact Phone #

Email Address

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Address

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City / State / Zip**DONOR INFORMATION:****Municipality:** \_\_\_\_\_**Match Amount:** ☐ \$250 ☐ \$500 ☐ \$1,000 ☐ Other: \_\_\_\_\_**Public Donor Name:** \_\_\_\_\_☐ I wish to remain anonymous.**MATCH CONDITIONS:****Do you plan to donate the total amount of your matching gift regardless of the amount of funds raised on behalf of the municipality?**

- ☐ Yes, I/we will donate the full match amount even if the gift goal is not met.  
☐ No, I/we will only release the match if the gift goal is met.

**PAYMENT METHOD**

- ☐ Check, payable to CT Humanities.  
☐ Credit card processed via CT Humanities (additional 3.2% processing fee)  
☐ Please deduct the processing fee from my gift total.  
☐ Please add the processing fee to my total charge.

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Card Number

Exp. Date

CVV Code

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Name on Card

Signature

If you have any questions or would like to discuss other payment options, please contact Cyndi Tolosa, Director of Advancement at (860) 986-6704 or at [ctolosa@cthumanities.org](mailto:ctolosa@cthumanities.org).