Give 250 Connecticut

Match Form

Donor Name

Primary Contact Name | Title

Primary Contact Phone # | Email Address

Address

City / State / Zip

DONOR INFORMATION:

Municipality/ Organization: _____

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/organization?

☐ 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.

Card Number | Exp. Date | CVV Code

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.