



Independence Foundation

CHARITABLE SUPPORT

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Yes! I would like to make a tax deductible gift of:

\$25 _____ \$50 _____ \$100 _____ Other \$ _____

Please make this gift:

- In honor of : (Name) _____
- In recognition of : (birthday, retirement, bereavement, anniversary)
(Name) _____
- Other: _____
- My employer will match my gift. Attached is a matching gift form from my employer

Please notify the following person of my gift:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Mail form to: Independence Foundation
161 East Main Street
Ravenna, Ohio 44266

For information on how you can become part of the Independence Family and include us in your estate planning, please contact Anna Barrett at (330) 296-2851.

Thank you for your support!