

To make a gift by mail, please print form. Compete all applicable sections and mail completed form to:

The Colonial Williamsburg Fund Gift Processing Center P. O. Box 1590 Merrifield, VA 22116-9627

Your Information	
Title: First Name:	
Last Name: M.I.:	
Address:	
City: State: Zip:	_
Phone*: Email*: *By providing phone or email, you are opting in to receive phone or email communications from the Foundation.	_
Your Method of Giving (Please select one)	
One-time (Please include check payable to The Colonial Williamsburg Foundation or complete credit card information on reverse.)	]
RA Distributions (not eligible for membership advantages)	
Donor Advised Funds (not eligible for membership advantages)	
Automatic Recurring Gifts  t's simple and convenient—and you can tailor your giving to meet your preference through automatic gifts via credit card charge or electronic funds transfer. Your recurring donations provide a reliable source of funding throughout the year.	
Annual gift recurring on month/day of each month (Please enclose voided check or provide credit card information on reverse.)	
Monthly gifts recurring on day of each month (Please enclose voided check or provide credit card information on reverse.)	
In Honor/In Memory (Please complete recipient information on reverse.)	
Gift of History (Please complete recipient information on reverse.)	
Vous Donation Amount (Cociety Membership (Diamonder)	
Your Donation Amount /Society Membership (Please select one)	
Founders (\$5.00 monthly or \$50 annually)	
Duke of Gloucester Society (\$8.34 monthly or \$100 annually)	
Capitol Society (\$20.84 monthly or \$250 annually)	
Colonial Williamsburg Assembly (\$41.67 monthly or \$500 annually)	
Colonial Williamsburg Burgesses (\$83.34 monthly or \$1,000 annually)	
1776 Circle of the Colonial Williamsburg Burgesses (\$148.00 monthly or \$1,776 annually)	
Colonial Williamsburg Associates (\$208.34 monthly or \$2,500 annually)	
Governor's Circle of the Colonial Williamsburg Associates (\$291.67 monthly or \$3,500 annually)	
Raleigh Tavern Society (\$416.67 monthly or \$5,000 annually)	
Other \$	
☐ I wish to decline all membership advantages, making the full value of my gift tax deductible.	

## In Honor/In Memory Gifts Recognize someone special and make them a part of something meaningful with a gift in their honor or honor the memory of a loved one with a memorial gift to The Colonial Williamsburg Foundation. Your donation is a thoughtful way of remembering a friend or loved one while helping Colonial Williamsburg share the remarkable stories of our nation's past. **☐** Honor **☐** Memorialize Title: First Name: M.I.: Last Name: Would you like to notify the recipient? Yes No If yes, please provide mailing information of recipient or next of kin. Title: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_ Last Name: \_\_\_\_\_ Address: State: \_\_\_\_\_ Zip: \_\_\_\_\_ **City:** \_\_\_\_ Gifts of History A perfect gift. Giving the Gift of History is a way of sharing the Williamsburg experience – our nation's birth – with friends, family and colleagues. By donating just \$50 in someone's honor, you present a unique gift that is relevant and inspiring and helps to continue Colonial Williamsburg's mission that the future may learn from the past. Every recipient of the Gift of History will receive: • A personalized letter from Colonial Williamsburg acknowledging your gift in their honor. • A yearlong subscription to Trend &Tradition: The Magazine of Colonial Williamsburg. • A 24-karat gold-finished collectible ornament. · A personalized message from you. S50 – One Recipient S100 – Two Recipients S150 – Three Recipients Please provide mailing information for each recipient: Recipient #1 Title: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_ Last Name: \_\_\_\_\_ Address: State: Zip: City: Recipient #2 Title: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_ Last Name: \_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Recipient #3 Title: \_\_\_\_ First Name: \_\_\_\_ M.I.: \_\_\_ Last Name: \_\_\_\_ Address: \_\_\_ \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Payment Information □ No If yes, please enter promo code: Is this gift in response to a mailing? \( \subseteq \text{Yes} \) ☐ Check is enclosed payable to The Colonial Williamsburg Foundation. Please charge my credit card: VISA MasterCard Discover American Express Name on Card: Credit Card Number: \_\_\_\_\_ Expiration Date: Signature: \_\_\_\_\_ Date: \_\_\_\_