Yes, I want to support Colonial Williamsburg
to feed the human spirit by sharing America’s enduring story.

Print form. Using black or blue pen, please complete all applicable sections. Mail completed form to:

The Colonial Williamsburg Fund
Post Office Box 1776
Williamsburg, Virginia 23187-9910

Telephone: 1-888-293-1776

Your Information

Is this gift in response to a mailing? [ ] Yes [ ] No If yes, promo code: _______________________

Title: _______________________

First Name: ___________________________ M.I.: _____ Last Name: ___________________________

Street Address: ________________________________________________________________

City: ___________________________ State: __________________ Zip: ______________

Phone: ___________________________ Email: ___________________________

Gift Type

Monthly Gifts

Our sustainers are among our most dedicated advocates. They care deeply about our work and invest in Colonial Williamsburg’s future through automatic gifts via credit card charge or electronic funds transfer. It’s simple and convenient—and you can tailor your giving level to meet your preference. Your monthly donation provides a reliable source of funding to ensure that our Nation’s stories are told for generations to come.

[ ] $5 ($60 annually) Founders [ ] $83.34 ($1,000 annually) CW Burgesses
[ ] $8.34 ($100 annually) Duke of Gloucester Society [ ] $208.34 ($2,500 annually) CW Associates
[ ] $20.84 ($250 annually) Capitol Society [ ] $416.67 ($5,000 annually) Raleigh Tavern Society
[ ] $41.67 ($500 annually) CW Assembly [ ] Other: $____________

To update or end an existing monthly giving pledge, please contact us by calling toll-free at 1-888-293-1776.

[ ] I wish to decline all benefits making the full value of my gift tax deductible.

One-time Gift

[ ] $35 Founders (Introductory) [ ] $250 Capitol Society [ ] $2,500 CW Associates (CWA)
[ ] $50 Founders [ ] $500 CW Assembly [ ] $3,500 Governor’s Circle of the CWA
[ ] $100 Duke of Gloucester Society [ ] $1,000 CW Burgesses (CWB) [ ] $5,000 Raleigh Tavern Society
[ ] $1,776 1776 Society of the CWA [ ] Other: $ ____________

[ ] I wish to decline all benefits 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.

I would like to:  
[ ] Honor    [ ] Memorialize  

Title: __________________ First Name: __________________ M.I.: __________ Last Name: __________________  

Would you like us to notify the recipient?  
[ ] Yes  [ ] No  If yes, please provide mailing information:  

Street Address: ____________________________________________  
City: __________________________ State: __________________ Zip: ____________  

**Gift 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 “to feed the human spirit by sharing America's enduring story.”

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; and
- A personalized message from you.

$50 - One Recipient  $100 - Two Recipients  $150 - Three Recipients

Please provide recipient information for each recipient (if more than three, please provide additional sheet with mailing information):

**Recipient #1**  
Title: __________________ First Name: __________________ M.I.: __________ Last Name: __________________  
Street Address: ____________________________________________  
City: __________________________ State: __________________ Zip: ____________  

**Recipient #2**  
Title: __________________ First Name: __________________ M.I.: __________ Last Name: __________________  
Street Address: ____________________________________________  
City: __________________________ State: __________________ Zip: ____________  

**Recipient #3**  
Title: __________________ First Name: __________________ M.I.: __________ Last Name: __________________  
Street Address: ____________________________________________  
City: __________________________ State: __________________ Zip: ____________

**Contribution Information**

Card type:  
[ ] Visa  [ ] MasterCard  [ ] Discover  [ ] American Express

Name on Card: ____________________________________________

Credit Card Number: ____________________________________________

Expiration Date: ____________________________________________

Total Gift amount: $ ________________  
[ ] One-Time  [ ] Monthly

Signature: ____________________________________________ Date: ____________