



CPCF[™]
CENTRAL PENNSYLVANIA
COMMUNITY FOUNDATION

Sustaining Visionary Fund

Name: _____

Address: _____

Email: _____

Phone (Home) _____ (Cell) _____

I would like to be billed Annually _____ Amount: \$ _____

Month you would like to be billed: _____

I would like to be billed Semi-Annually _____ Amount per billing: \$ _____

Months you would like to be billed: _____

Contributions to the Sustaining Visionary Fund will provide funding for our competitive grant program. I would like my contribution to be used for grants in the following area:

_____ Animals

_____ Arts

_____ Economic and Community Development

_____ Educational Programs

_____ Health Related

_____ Social Services