

THE CHAUTAQUA LAKE ASSOCIATION

429 E. TERRACE AVE. 716-763-8602 LAKEWOOD, NY 14750-1538

My last donation was _____ years ago. This year in consideration of the gifts of others, I hereby pledge a tax deductible contribution of:

\$1000 \$500 \$100 \$50 \$25 \$ _____
 Payable June 1 July 1 August 1 _____
 Amount paid \$ _____ Balance \$ _____

CLA Sol Code: _____
 ID #: _____

YES My employer will match my contribution. See reverse side for their name & address.
 Please enroll me in your Annual Giving Program and send me a notice every spring.

CONTRIBUTOR'S SIGNATURE _____

PHONE NUMBER _____

DATE _____

BUSINESS OR INDIVIDUAL NAME AND PERMANENT MAILING ADDRESS _____

PHONE NUMBER _____

LAKE MAILING ADDRESS _____

PLEASE ALSO COMPLETE REVERSE SIDE

THE
 Chautauqua Lake Association
 RECEIPT

CONTRIBUTOR _____

PLEDGE \$ _____

PLEDGE DATE _____

CASH \$ _____

CHECK \$ _____

Payable to:
 Chautauqua Lake Association

CLA SOLICITOR _____

Date: _____

I would prefer to have my mail sent to the above PERMANENT LAKE mailing address. (Please check box)

1. Yes, My employer does have a program of matching my contributions to charitable/non-profit organizations. If they desire, your employer may review a copy of our most recent audited financial statements, which are available for public inspection at the CLA office and at the New York State Charitable Foundations Bureau.

Please contact: Employer _____ Address _____

2. I would be interested in helping the CLA, please contact me about: _____

- _____ Membership on a committee
- _____ Being an Office Volunteer for Clerical Work
- _____ Being a Fund Drive Coordinator for my Lakeside Neighborhood
- _____ Being a Fund Drive Coordinator amongst my Winter Neighbors who live at, use, or care about Lake Chautauqua

3. General Comments which I would like to make are: _____