

THE CHAUTAUQUA LAKE ASSOCIATION

429 E. Terrace Ave, Lakewood, NY 14750-1538 * Ph: 716-763-8602
www.chautauqualakeassociation.org

CLA ID #:
APPEAL:

This year I hereby pledge a tax deductible contribution of:

\$1000 \$500 \$250 \$100 \$50 \$ _____

Amount paid \$ _____ Contributor's Signature _____ Date: _____

My Employer will match my contribution. See reverse side for their name & address.

My email address: _____

PERMANENT MAILING ADDRESS

The Chautauqua Lake Association Receipt

CONTRIBUTOR

\$ _____
Pledge Amount

Pledge Date

Cash _____

Check # _____

Thank you for your support!

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 New York State Charitable Foundations Bureau.

Please contact: EMPLOYER _____

ADDRESS _____

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 Chautauqua Lake.

ADDITIONAL COMMENTS:

www.chautauqualakeassociation.org