



The
Madison
Foundation, Inc.

The Madison Foundation, Inc.
P.O. Box 446
Madison, CT 06443

www.themadisonfoundation.org

Name(s): _____

Street: _____

Town: _____ State: _____ Zip _____

Membership Type(s):

Individual \$25 Family \$50 Business/Professional \$100

Amount of Contribution: \$ _____

Membership contributions are placed in our Unrestricted Fund. You may add to your membership contribution and elect one or more of our permanent funds to receive a gift. Please indicate below which fund(s) you would like a percentage of your extra gift to go.

The Unrestricted Fund _____ %

The General Endowment Fund _____ %

Neighbor-to-Neighbor Fund _____ %

The Founder's Fund _____ %

The Katie Battison Memorial Scholarship Fund _____ %

The Madison Beach Club Endowment Fund _____ %

The Senior Council Fund _____ %

The Madison Fund _____ %

The Athletic Excellence Fund _____ %

Thank you.

Please mail this form with your check to

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