

## Donation Form

Please accept my gift of    \$25    \$50    \$75    \$100    \$150    \$200    Other \$\_\_\_\_\_

*Optional: Specify program to benefit* \_\_\_\_\_

### **Who should we thank for your generous gift?**

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

We will Acknowledge your gift in our Annual Report unless

I would prefer to remain Anonymous

Please make checks payable to  
**CCE Schoharie and Otsego Counties**  
173 South Grand Street, Suite 1  
Cobleskill NY 12043