

GCMF

THE  
GEORGE C. MARSHALL  
FOUNDATION

Enclosed is my tax-deductible gift to the George C. Marshall Foundation at the following level.

- ☐ \$5,000 or more    Five-Star Member  
☐ \$2,500-\$4,999    Member of the Marshall Society  
☐ \$1,000-\$2,499    Marshall Associate  
☐ \$500-\$999    Member of the President's Club  
☐ \$100-\$499    Sponsor of the Marshall Foundation  
☐ \$ \_\_\_\_\_    Friend (Please specify amount)

*Gifts to the Marshall Foundation, a 501(c)(3) organization, are tax deductible to the full extent provided by law.*

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

☐ Enclosed is my check (payable to the George C. Marshall Foundation) for \$ \_\_\_\_\_

☐ Please charge my ☐ VISA ☐ MasterCard ☐ American Express    Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_

Card Expiration Date \_\_\_\_\_ Security code (3-4 digits on back) \_\_\_\_\_

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Signature \_\_\_\_\_

☐ Pledge: I/we pledge \$ \_\_\_\_\_ payable as follows \_\_\_\_\_

☐ Please record my gift in honor or in memory of the person named below.

This contribution has been made ☐ In Honor of ☐ In Memory of \_\_\_\_\_

Please notify (name and mailing address) \_\_\_\_\_

☐ Please contact me about making a planned gift.

☐ Please list me as a member of Marshall ROTC Award Association.

ROTC Award Winner Year \_\_\_\_\_ ☐ Army ☐ Air Force

☐ My gift will be matched by (please enclose matching gift form) \_\_\_\_\_

Please complete and return to  
GEORGE C. MARSHALL FOUNDATION  
P.O. Box 1600 • Lexington, Virginia 24450