



Western New York
Planned Giving
Consortium, Inc.

Proudly invite you to

“Get to Know Your Funders!”
in simultaneous, small group
dialogues with each one
of these local grantmakers:



Bank of America – Laura Weinstein, Senior Vice President

BlueCross BlueShield of WNY – Julie R. Snyder, Director, Corporate Relations

Buffalo Bills Inc. – Gretchen Geitter, Vice President of Community Relations

The Children’s Guild Foundation – Catherine A. Gura, President

Community Foundation for Greater Buffalo – Cara Matteliano, Vice President, Program

Community Health Foundation of Western & Central New York – Ann F. Monroe, President

Grigg-Lewis Foundation, Inc. – Mary F. Murphy, Director

The James H. Cummings Foundation, Inc. – Brigid Doherty, Executive Director and Secretary

Josephine Goodyear Foundation (Trustee), Children’s Foundation of Erie Co. (Pres.),
D-B Swift Trust – Betsy Mitchell

Margaret L. Wendt Foundation – Robert J. Kresse, Trustee

The Peter and Elizabeth C. Tower Foundation – Tracy A. Sawicki, Executive Director

The Western New York Foundation – Beth Kinsman Gosch, Executive Director

Tuesday, May 13th, 2014, Saturn Club (*Seating is limited – register now!*)

Registration & Buffet Breakfast: 7:30am

Program: 8:00am – 9:45am

This program would not have been possible without our friends at:



“Get to Know Your Funders”

In order to maximize your dialogue with the funders, seating is limited and pre-registration prior to May 9th is required.

Registration fees:

☐ \$20 – AFP WNY Member (using a flex pass? __yes __no)

☐ \$20 – WNY Planned Giving Consortium Member

☐ \$20 – LEAVE A LEGACY® Partners

☐ \$30 – Non Members

*To RSVP by mail, please return this reservation form with your check payable to:
WNY Planned Giving Consortium, Post Office Box 1885, Buffalo, NY 14225-8885*

To register online with a credit card, go to <http://leavealegacywny.org/meetinginfo.php>

RSVP by voice mail: 508-0742 or email: b_schwamborn@msn.com

Name: _____

Title: _____

Organization: _____

Phone: _____

Email: _____

Address (non-members only): _____

Dietary Restrictions: _____

Receipt requested: ☐ Yes ☐ No