



## I/We make the following commitment:

Personal information	Gift/Pledge information
Name	I/We make a gift of \$ over years.  Contributions can be paid over five years.
Spouse/Partner name	
Donor ID	Pledge payments will begin (month/year) To be paid \( \rightarrow \text{monthly} \rightarrow \text{quarterly} \( \rightarrow \text{semi-annually} \( \rightarrow \text{annually} \)
Address	Please automatically charge my card.     Please send me reminders.
City State ZIP	I/We would like this gift/pledge to be applied to the school, department or
Home phone	area as designated below (multiple designations, with amounts can be listed):
Cell phone	
Work phone	
Email	I/We would like this gift/pledge to be:
<ul> <li>This is a joint commitment with my spouse/partner (named above).</li> </ul>	O In honor of
Please note that it is our practice to list donor names and gift ranges in	O In memory of
appropriate campus publications. From time to time, we will list your name unless you request otherwise.	Please notify
O I wish this gift be <b>anonymous</b> .	Address
	ge options your choices below.
Check \$ is enclosed. Please m.	
○ Credit card number	
Signature	
Please indicate billing address if different than above.	
Stock, bonds, mutual funds or other property: Approximate value \$	
O I will make my gift/pledge through a <b>donor advised fund</b> :	
Matching gift: In addition to my own personal gift commitment,	will match my gift
Please have a development officer contact me.	
Signature	Date

## Please return completed form to:

Phone: (804) 828-0632 • Fax: (804) 828-6446 • giving@vcu.edu