



I/We make the following commitment:

Personal information

Name _____

Spouse/Partner name _____

Donor ID _____

Address _____

City _____ State _____ ZIP _____

Home phone _____

Cell phone _____

Work phone _____

Email _____

This is a joint commitment with my spouse/partner (named above).

Please note that it is our practice to list donor names and gift ranges in appropriate campus publications. From time to time, we will list your name unless you request otherwise.

I wish this gift be **anonymous**.

Gift/Pledge information

I/We make a gift of \$ _____ over _____ years.
Contributions can be paid over five years.

Pledge payments will begin (month/year) _____
To be paid monthly quarterly semi-annually annually

Please automatically charge my card.

Please send me reminders.

I/We would like this gift/pledge to be applied to the school, department or area as designated below (multiple designations, with amounts can be listed):

I/We would like this gift/pledge to be:

In honor of _____

In memory of _____

Please notify _____

Address _____

Gift/Pledge options

Please indicate your choices below.

Check \$ _____ is enclosed. Please make check payable to the **VCU Foundation**.

Credit card number _____ Expiration date _____

Signature _____

Please indicate billing address if different than above.

Stock, bonds, mutual funds or other property: Approximate value \$ _____

I will make my gift/pledge through a **donor advised fund:** _____

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:

Gifts and Records Management Office, 111 N. Fourth St., P.O. Box 843042, Richmond, VA, 23284-3042

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