



# Pledge/Gift form

I hereby pledge \$ \_\_\_\_\_ to support:

\_\_\_\_\_  
*(School, VCU Massey Cancer Center, MCV Hospitals, Department, Campaign)*

Enclosed is my initial gift of \$ \_\_\_\_\_ with the balance payable over a period of \_\_\_\_\_ years.  
*(three to five)*

**OR**

I prefer to make a one-time gift of \$ \_\_\_\_\_.

Please make checks payable to: **MCV Foundation**

**To make your gift by credit card, please complete the following:**

**I authorize you to debit my:**

VISA    MasterCard    American Express    Discover

in the amount of \$ \_\_\_\_\_.

Card No.: \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_  
*Month Year*

Cardholder's signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

E-mail address (optional): \_\_\_\_\_

Today's date: \_\_\_\_\_

I give my permission to list my name on the roster of donors. \_\_\_\_\_  
*(Signature)*

**Please mail pledges and gifts to:**  
MCV Foundation  
P.O. Box 980234  
Richmond, Virginia 23298-0234