



# Gift/Pledge Form

Printed Name: \_\_\_\_\_

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

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

I/We make the following gift/pledge to support: \_\_\_\_\_

*School, VCU Massey Cancer Center, MCV Hospitals, Department, Campaign*

Enclosed is the initial gift of \$\_\_\_\_\_.

I/We will give \$\_\_\_\_\_ per year for \_\_\_\_\_ years.

Please schedule future payments beginning: \_\_\_\_\_.

*Month and Year*

I/we would like reminders sent:

- Monthly                       Quarterly                       Annually                       No Reminders

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To make your Gift/Pledge by credit card, please complete the following:

I authorize you to debit my:

- Visa                       MasterCard                       American Express                       Discover

In the amount of: \$\_\_\_\_\_ Credit card number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

I/We authorize recurring charges on my credit card as indicated on the schedule above.

Cardholder's Signature: \_\_\_\_\_

I/We give my/our permission to list my/our name on the roster of donors.

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