

GIFT/PLEDGE FORM

(Print and complete form. Mail to address below.)

I hereby pledge \$ _____ to support:

[School, Massey Cancer Center, MCV Hospitals, Department, Campaign]

Enclosed is my gift of \$ _____ with the balance payable over a period of _____ years.
[3-5]

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 Number: _____

Expiration Date: ____/____

Cardholder's Signature: _____

Name [Please print]: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address [Optional]: _____

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

[Signature]

Please send pledges and gifts to:

MCV FOUNDATION
Post Office Box 980234
Richmond, Virginia 23298-0234