

2019-2020 MICDS Fund Reunion Gift Pledge Form

Please return this form to: MICDS Development Office, 101 N. Warson Rd., St. Louis, MO 63124

PERSONAL INFORMATION

Name: _____ Class Year: _____

Home Address: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

PLEDGE INFORMATION

Yes, I want to support my class's Reunion Giving Goal with a contribution of:

- \$5,000 for 5 years, for a total of \$25,000
- \$2,500 for 5 years, for a total of \$12,500
- \$1,000 for 5 years, for a total of \$5,000
- \$500 for 5 years, for a total of \$2,500
- \$250 for 5 years, for a total of \$1,250
- \$100 for 5 years, for a total of \$500

Other giving options:

- \$_____ for 5 years, for a total of \$_____
- I wish to make a one-time pledge of \$_____ to be paid by June 30, 2020

PAYMENT INFORMATION

Enclosed is my MICDS Fund Reunion Gift check payable to **MICDS** for \$_____.

Please charge my MICDS Fund Reunion Gift of \$_____ to my:

- Visa American Express
- MasterCard Discover

Account #: _____ Exp. Date: _____

Name on Card: _____ CVV# (3 or 4-digit security code): _____

Recurring Gift Option:

(If you'd like to charge your annual gift or multi-year gift in monthly/yearly payments, please indicate below.)

Please charge \$_____ monthly*/annually, starting in _____ for _____ months/years

ADDITIONAL GIFT INFORMATION

- This gift will be matched by my employer _____.
- I will make a gift of **stock**. Please contact Allison Light, Director of the MICDS Fund, at 314-995-7381.
- I have included MICDS in my estate plans. Please send me information about planned giving.

WHY WAIT! GIVE TODAY! Make your gift online at www.micds.org or call your gift in to 314-995-7380.