

# 2018-2019 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
- \$3,000 for 5 years, for a total of \$15,000
- \$2,000 for 5 years, for a total of \$10,000
- \$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, 2019

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## 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](http://www.micds.org) or call your gift in to 314-995-7380.