

MICDS

2022-2023 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, 2023

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 Sue Ann Stanton, Director of Annual Giving, 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/give or call your gift in to 314-995-7380.