



Contribute to the College

Thank you for your consideration. A confirmation letter will be mailed to you shortly. If you have any questions, please call the CVA advancement office at 651.757.4086.

Donate Today

Enclosed is my tax-deductible contribution to the College of Visual Arts.

\$ _____ Amount

Donate Monthly

I would like to give a monthly tax-deductible gift to the College of Visual Arts.

\$ _____ Total Amount \$ _____ Monthly Amount

Please charge my credit card starting on _____

Make a Pledge

I would like to make a tax-deductible pledge to the College of Visual Arts.

\$ _____ Amount I will make my payment by _____

Payment

By check made out to College of Visual Arts

Please charge my contribution to: Visa Mastercard

Name on card _____

Card number _____

Expiration date _____ Verification code _____

Name _____

Billing Address _____

City, State, and Zip _____

Telephone number _____

Email _____

I authorize the College of Visual Arts to debit the credit card above in accordance with the pledge amount and payment schedule listed on this form. This authorization is to remain in full effect until the full amount of the pledge has been paid or the College of Visual Arts has received notification of its termination in such time and fashion as to afford the College of Visual Arts a reasonable opportunity to act on it.

Gift Acknowledgement

I wish to remain anonymous

I wish to be acknowledged as _____

I wish to make my gift in honor of _____

I wish to make my gift in memory of _____

Please send notification of my gift to:

Name _____

Billing Address _____

City, State, and Zip _____

Telephone number _____

Email _____

Double My Gift

My company may match my gift. Please contact _____

Signature

_____ Date _____

College of Visual Arts

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