

**UNIVERSITY OF COLORADO
FOUNDATION**

Yes, I would like to make a gift to The University of Colorado Foundation for the benefit of the University of

Please direct my gift or pledge to: (campus, college, department, or other designation)

Veterans' Programs Fund

Special instructions:

Payment Options

Total gift amount: \$ _____

Check enclosed: Please make checks payable to the **CU Foundation**.

Charge to: MasterCard Visa Discover American Express

Account number: _____ Expiration date: _____ Name on card: _____

Signature: _____

Date: _____

Pledge Payments

Please bill my credit card \$ _____ monthly quarterly twice yearly
beginning the month of _____ for up to one year.

Please send me a reminder to remit \$ _____ monthly quarterly twice yearly
beginning the month of _____ for up to one year.

My or my spouse's company will match my gift. Company name: _____

Personal Information

Name: Dr. Mr. Mrs. Ms. _____

Address: _____

Phone:

Email:

Mail form to:

CU Foundation
Gift Processing
PO Box 17126
Denver, CO 80217-0126

Phone: 888/287-2829 • Fax: 303/541-1298