

The Fund for CRCDS

Give online at www.crcds.edu

My/Our **gift** this fiscal year (7/1/10-6/30/11) for The Fund for CRCDS is:

\$50 \$100 \$250 \$500 Other _____

My/Our **pledge** this fiscal year (7/1/10-6/30/11) for The Fund for CRCDS is:

\$50 \$100 \$250 \$500 Other _____

Please designate my/our gift to:

- | | |
|---|---|
| <input type="checkbox"/> School's Greatest Need | <input type="checkbox"/> Black Church Studies |
| <input type="checkbox"/> Faculty Excellence | <input type="checkbox"/> Women and Gender Studies |
| <input type="checkbox"/> Student Life | <input type="checkbox"/> Technology Enhancement |

Charge my gift or pledge Once Received Monthly Quarterly
or Bill me Monthly Quarterly

Credit Card # _____

Exp. Date _____ CVV2# _____

Signature _____

This gift is made in honor in memory or in recognition of
the birthday anniversary ordination birth (or other _____)

of _____
(please print full name)

Notice of my/our gift may be sent to _____

My employer's matching gift form is enclosed.

Company _____

I/we have made provisions for CRCDS in my/our will(s).

Send information on planned giving.

Name _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Organization _____ City _____ State _____ Zip _____

Position _____

E-Mail _____

Thank You for Your Gift