



# University of Colorado

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

**My gift is to support:** \_\_\_\_\_

**Give Now:**

- A check for the **full amount** of \$ \_\_\_\_\_ is enclosed (*made payable to the **University of Colorado Foundation***)
- Charge the **full amount** of \$ \_\_\_\_\_ to my credit card:  Visa  MasterCard  American Express  Discover

Name as it appears on the card (*please print*) \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

**Pledge Now:**

- I prefer to make a gift commitment of \$ \_\_\_\_\_ with  monthly  quarterly  semi-annual or  annual **payments over** \_\_\_\_\_ **years (up to 5 years)** starting \_\_\_\_\_. My first payment of \$ \_\_\_\_\_ is  enclosed or  to be charged to my credit card.

Schedule recurring payments to my credit card. (*Complete credit card information above.*)

Please send pledge reminders. I will pay by check or online at **giving.cu.edu**.

\_\_\_\_\_  
Signature to confirm your gift commitment Date

**Give Online:**

Visit **giving.cu.edu** to make your gift online.

**Match Your Gift:**

My company has a matching gift program. The form is  enclosed  on the way  submitted online

Employer name: \_\_\_\_\_

*(Matching gifts are designated to the same purpose as your gift, if your company allows, but cannot be applied to outstanding pledge balances.)*

**Donor Information:**

*Please Print*

I prefer to receive my gift receipt  by mail  by email

Name \_\_\_\_\_ Recognition Name (if different than donor name; if anonymous, also note here) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Contact:**

303.541.1290 or gifts@cufund.org

**Mail this form and your check (if applicable) to:**

University of Colorado Foundation, Attn: Gift Management, P.O. Box 17126 Denver, CO 80203

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Donor EID# \_\_\_\_\_

Allocation # \_\_\_\_\_