



## Make your gift today!

### DONOR INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

In support of Metropolitan State University of Denver Foundation, I/we agree to contribute the following:

A TOTAL GIFT/PLEDGE OF: \$ \_\_\_\_\_

PAID NOW: \$ \_\_\_\_\_

BALANCE OF: \$ \_\_\_\_\_

Make Checks Payable to:  
**MSU Denver Foundation, Inc.**

### PAYMENT SCHEDULE:

### GIFT PURPOSE:

I/We will fulfill my/our pledge per the schedule below:

Unrestricted Use

\$ \_\_\_\_\_ to be paid on or before \_\_/\_\_/20

Scholarship \_\_\_\_\_

\$ \_\_\_\_\_ to be paid on or before \_\_/\_\_/20

Department/program \_\_\_\_\_

\$ \_\_\_\_\_ to be paid on or before \_\_/\_\_/20

Aerospace and Engineering Sciences capital project

\$ \_\_\_\_\_ to be paid on or before \_\_/\_\_/20

MSU Denver Annual Fund/Unrestricted

\$ \_\_\_\_\_ to be paid on or before \_\_/\_\_/20

Student Scholarships

Please do not send pledge reminders (reminders will be mailed if this box is not checked)

Other \_\_\_\_\_

Please consider and mark this gift as Anonymous

Please show my/our name(s) in publications as: \_\_\_\_\_

### GIFT PLANNING OPPORTUNITIES:

I would like to receive information about MSU Denver Foundation Gift Planning Opportunities

I have already made plans to include MSU Denver in my estate plans.

Printed Name

Signature

Date

Printed Name

Signature

Date

### Please return this form to:

Metropolitan State University of Denver | University Advancement  
Campus Box 14, PO Box 173362 | Denver, CO 80217-3362

Phone: 303-615-0065 | Fax: 303-556-5094