



The CMS Fund is pleased to provide a convenient way to give each month. CMS members and friends of the Society may establish a monthly deduction from their checking account or savings account, or approve a charge to a credit card. Gifts may be designated for specific programs or given for use where the need is greatest.

No gift is too small or too large! Sustained gifts will enable The CMS Fund to plan carefully for future awards. Gifts will be charged to accounts on the 20th of each month and may be easily altered or revoked at any time by the donor. To establish a monthly, sustained gift for an amount of your choice, please complete and return this form.

Thank you for your consideration and support of The CMS Fund.

Please send this form to:

The CMS Fund
 312 East Pine Street
 Missoula MT 59802 USA
 PHONE: (406) 721-9616
 EMAIL: cmsfund@music.org

www.cmsfund.org

Sustained Giving

Full Name _____
 Mailing Address _____
 City/State/Zip _____
 Phone _____
 Email _____

Monthly Contribution Amount:

- \$5 per month (\$60/year)
- \$10 per month (\$120/year)
- \$15 per month (\$180/year)
- \$20 per month (\$240/year)
- \$25 per month (\$300/year)
- \$30.42 per month (\$365/year)
- \$50 per month (\$600/year)
- \$100 per month (\$1200/year)
- Other: \$ _____

Direct My Gift To:

- Community Engagement and Outreach
- Robert M. Trotter Lecture Series
- Robby D. Gunstream Education in Music Award
- Technology Initiative Award Endowment
- Historically Underrepresented Populations Program
- Student Travel Program
- Where the need is greatest

Memorial or Honorarium Information: (Optional)

In memory of (Name): _____ Is this a teacher or mentor?
 In honor of (Name): _____ Notify this person of the gift

Payment Information:

Payment Method: Check Enclosed Credit Card Bank Transfer
 Name on Account _____
 Billing Address _____

• For Credit Cards:

Card Type: Visa MasterCard Discover American Express
 Card Number _____ Exp. Date (mm/yy) _____ Security Code _____

• For Bank Transfers: Checking Account Savings Account

Financial Institution _____
 Routing Number _____ Account Number _____

1:407324
Routing Number
1:000123456789
Account Number
1:123
Check Number

Terms of Agreement:

My authorization to withdraw my monthly gift from the account indicated shall remain in effect until I notify The CMS Fund. I understand my contribution will be processed on the 20th of each month. A record of each payment will appear on my monthly credit card or bank statement.

Name _____ Date _____

Signature _____