



## Donation Form

**Thank you very much for donating** to The CMS Fund. Gifts may be designated for either a specific program or where the need is greatest.

*No gift is too small or too large!*

Full Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Donation Amount:** \$ \_\_\_\_\_

### 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

**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](http://www.cmsfund.org)

### Terms of Agreement:

I authorize withdrawal of my gift from the account indicated. I understand my contribution will be processed upon receipt of this form by The CMS Fund. My donation will appear on my monthly credit card or bank statement.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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