



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
- Education in Music Award
- Technology Initiative Award Endowment
- The Eileen M. Hayes Fund for Equity and Opportunity
- 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:

Notify Email:

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:

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 _____

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

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