



# Pledge Form

**Make a pledge to The CMS Fund!** Pledges may be designated for either a special CMS project or where the need is greatest. Pledges may be spread over several months or years.

*No gift is too small or too large!*

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

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

**Total Amount Pledged \$** \_\_\_\_\_

### 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

### Payments: Spread my monthly payments over:

3 Months  6 Months  9 Months  1 Year  2 Years  Other: \_\_\_\_\_  
Payment beginning date: \_\_\_\_\_

### Payment Information:

Payment Method:  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 Savings or Checking Accounts:

Financial Institution \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_



### Terms of Agreement:

I authorize payment of my pledge from the account indicated. 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 \_\_\_\_\_