



Colorado Veterinary
Medical Foundation

MULTI-YEAR INITIATIVE PLEDGE FORM

Dear CVMF Board of Directors:

I would like to join the *Multiyear Pledge Initiative* and pledge \$_____ to CVMF. This form serves to document my financial commitment. Indicated below is my intended schedule of payments for the pledge period. Please send me payment reminders in advance of these dates:

<u>Year</u>	<u>Month</u>	<u>Amount</u>
Year 1 (20____)	_____	\$ _____
Year 2 (20____)	_____	\$ _____
Year 3 (20____)	_____	\$ _____
Year 4 (20____)	_____	\$ _____
Year 5 (20____)	_____	\$ _____

I am pleased to support your efforts to provide help for animals and people in need around Colorado.

Signature

Print Name

Donor Name _____

Position _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ (home, office, cell) Fax _____

E-mail _____

Comments: _____

Method of Payment:

Check Enclosed (Please make payable to CVMF)

VISA MasterCard American Express Discover

Credit Card # _____ Exp. _____

Name on Card _____

Charge my credit card: monthly quarterly in the amount of \$ _____