

**Cleveland University-Kansas City  
Chiropractic and Health Sciences  
Gift and Pledge Form**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_ Email \_\_\_\_\_

As an investment in excellence at Cleveland University-Kansas City, we hereby agree to pay the sum of \$ \_\_\_\_\_ to be paid in cash, securities, or other property of equivalent value to be used by Cleveland College Foundation Fund, Inc. in moving forward together in the following program(s):

*(e.g. The Cleveland Fund, Scholarship, etc.)*

\_\_\_\_\_

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

**Pledge**

Balance to be paid as follows:

		Month	Year(s)	Amount each year
<b>Total Pledge</b>	\$ _____	_____	_____	\$ _____
<b>Paid Herewith</b>	\$ --- _____	_____	_____	\$ _____
<b>Balance Due</b>	\$ _____	_____	_____	_____
		_____	_____	_____

- ✓ Please make check payable to **The Cleveland College Foundation Fund, Inc.**
- ✓ Pledge reminders will be sent.
- ✓ Payment schedules other than annual may be arranged

**Estate Gifts**

We have made provisions for an estate/testamentary gift by which Cleveland University-Kansas City will eventually realize an estimated sum of:

\$ \_\_\_\_\_ Initials: \_\_\_\_\_

**Donor Recognition**

Donors will be recognized for their gifts unless a gift or pledge is requested to be anonymous.

**Please return to:**

Vice President of Advancement Amy J. Piersol ~ Cleveland University-Kansas City  
10850 Lowell Avenue ~ Overland Park, KS 66210 ~ Questions? Call: 913-234-0617

