

CIM Gift Commitment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

____ Yes, I am a CIM Alumni Instrument and Year Graduated: _____

Here's how I'd like to support CIM:

____ CIM Annual Fund Donation

1. Enclosed is my gift of \$ _____
2. I pledge \$ _____ to be paid on the following date: _____

____ Other *I'd like to make a planned gift or a gift to an endowment fund. Please contact me.*

Please include any special gift notes here: _____

Payment Information: Please check one of the following:

I am paying:

____ By check, made payable to the Cleveland Institute of Music

____ By credit card: (circle one)

American Express Visa MasterCard Discover

Card no. _____ Exp. Date _____ CSV _____

Your signature: _____

(Please sign for credit card gifts or pledges.)

Matching Gift? My company _____ will match this gift.

(Please enclose matching gift form.)

To make your gift or pledge, please mail or fax this form to:

Cleveland Institute of Music, 11021 East Boulevard, Cleveland, OH 44106. Fax (216) 791-1530.

For more information, contact the Development Department at (216) 791-5000, ext. 360. Thank you!