

Name(s) _____

Address _____

City, State, Zip _____

Phone (H) _____

Email Address _____

Employer _____

Title _____

Address _____

City, State, Zip _____

Phone (W) _____

I/We pledge \$ _____ Enclosed \$ _____

Make your contribution online at www.crcds.edu.

Please designate your gift:

School's Greatest Need

Faculty Excellence

Student Life

Black Church Studies

Women and Gender Studies

Technology Enhancement

This contribution will be matched by:

My employer My spouse's employer

Matching gift form enclosed

Please bill my credit card: Visa MasterCard Other

Name as it appears
on credit card _____

Card No. _____

Expiration Date _____

Signature _____

I/We have included CRCDS in my/our estate plan(s).