



MCV Campus

V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

Medical Center

In the tradition of the Medical College of Virginia

School of Nursing

P.O. Box 980567
Richmond, Virginia 23298-0567

804 828-0724
Fax: 804 828-7743
TDD: 1-800-828-1120

VCU School of Nursing Campaign Gift Agreement

Honoring our Legacy, Building Our Future

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Total Gift Amount: \$ _____ Designation (Fund Name): _____

Payment Details *(Please make checks payable to VCU School of Nursing and mail to the address below):*

Term of Gift Commitment (circle one):

1 year 2 years 3 years 4 years 5 years

First payment (circle one)

Included To be made _____ (date)

Billing Cycle (circle one):

Monthly Quarterly Bi-Annually Annually

I prefer to receive payment reminders by (circle one)

U.S. Mail via E-mail

Signature _____

Please indicate the fund to which you wish to direct your gift. For commitments of \$10,000 or more, you can establish a named endowment fund. For more information, please contact James Parrish, Director of Development, VCU School of Nursing, P.O. Box 980567, Richmond, VA 23298-0567, (804) 828-5172 or jtparrish@vcu.edu.