

**SCHOOL OF THE ARTS / DEVELOPMENT
CONTRIBUTING TO THE SCHOOL OF THE ARTS**

Instructions: Please print, complete and return this form with your check or credit card authorization to: Montclair State University Foundation, 1 Normal Avenue, Montclair, NJ 07043 (Call Chuck Gerdon at 973.655.7298 with questions)

Name _____
Phone __ (____) _____ Email _____
Address _____
City _____ State _____ Zip _____

I would like to make a Financial Contribution to:

- Alexander Kasser Theater (\$ _____) (see "Name a Seat" form)
- Amphitheatre Restoration Fund \$ _____
- Musical Instrument Fund (\$ _____)
- Establishing a Scholarship (\$ _____)
- Department Gift (\$ _____)
- Specify: Art & Design Broadcasting Dance Communication Studies Music Theatre
- Where the Need is Greatest Gift (\$ _____)
- Other (describe): _____ (\$ _____)

Payment Method:

- My check is enclosed (please make checks payable to the MSU Foundation, Inc.)
- Please charge my: MasterCard Visa Card No. _____ Expiration Date _____
Cardholder's Signature _____
- I would like to make a pledge in the amount of \$ _____, to be paid over _____ years, beginning _____ (month/year) (Note: Pledges of more than \$10,000 may be fulfilled over a period of up to three years.)

(Signature)
- Please send me payment reminders prior to the due date of each installment.

I would like to volunteer my time / expertise to:

(describe here or attach)

I would like to Donate Material Goods:

(describe here or attach)

I would like to make another form of contribution:

(describe here or attach)

- Please call me. I am most reachable at (time) _____.
- I would like to explore naming opportunities.