

THANK YOU FOR MAKING A DIFFERENCE!



**PLEASE RETURN THIS FORM TO THE CMS FOUNDATION
AT THE ADDRESS LISTED AT THE BOTTOM OF THIS PAGE.**

Method of Payment:

____ A tax deductible gift of \$ _____ is enclosed. (Please make checks payable to the CMS Foundation.)

____ We want to pay our pledge in ____ installments of \$ _____.
Please bill me ____ monthly ____ quarterly beginning _____

____ Please contact me regarding a planned gift or gift of securities or other assets.

Type of Gift:

This gift is in honor of _____.
____ an educator retiree ____ an active educator ____ an inspiring friend/family member

This gift is in memory of _____.

This is a business gift. _____ Company name _____

Please notify: Name _____

Address _____

City _____ State _____ Zip _____

This is an anonymous gift with no public acknowledgement. _____

Your information: Name _____

Company Name (if applicable) _____

Address _____ Phone# _____ Email _____

City _____ State _____ Zip _____

Please give your graduation date, if you are a CHS graduate. _____



**Clovis Municipal Schools Foundation
PO Box 19000
Clovis, NM 88102-9000**