

# John Donald Robb Musical Trust Pledge Card

**Full Name of Individual or Organization:** \_\_\_\_\_

(Name as you would like it to appear in a published donor list)

Please list me as "anonymous" on your donor acknowledgements.

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State, Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ (Help us cut postage costs by providing your email address).

I hereby pledge to contribute \$ \_\_\_\_\_ Date of Pledge \_\_\_\_\_

I would like to designate my contribution for: \_\_\_\_\_

I would like to designate my contribution in memory/honor of: \_\_\_\_\_

**Payment Options:**

*Check:* (Please make checks payable to the John D. Robb Trust Musical Trust).

Enclosed is my contribution of \$ \_\_\_\_\_

*Visa or Mastercard*

MC/Visa #: \_\_\_\_\_

Exp Date: \_\_\_\_\_

*Pledge Date(s) to be paid:* \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

*Please bill me on the following date(s):* \_\_\_\_\_

My Employer's Matching Gift Form is enclosed.

*Securities/Estate Planning:* Please call the John D. Robb Musical Trust, 505-277-8967 for information on how to facilitate.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Your contribution to the John D. Robb Musical Trust is deductible through the University of New Mexico Foundation for federal income tax purposes, as provided by law.

**John Donald Robb Musical Trust**  
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