

Contribution Form

COUNT ON ME!

the **Graduate Program** in Sustainable
Landscape Planning + Design
Conway School

+				<input type="checkbox"/>	I prefer to remain anonymous in Conway publications.
Name(s)		Class year			
Name(s) as you like to be recognized in Conway publications (if different from above)					
Address					
City		State	Zip	<input type="checkbox"/>	My company, _____ will match my gift.
Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Email		<input type="checkbox"/>	I/we have included The Conway School in my/our estate plan.
				<input type="checkbox"/>	Please contact me about making a gift of appreciated stock.
				<input type="checkbox"/>	This gift is <input type="checkbox"/> in honor of _____ <input type="checkbox"/> in memory of _____

Donations:

I/we wish to make a gift of \$ _____ to Conway's Annual Fund.*

Unrestricted support—we couldn't fulfill our mission without this.

or

I/we wish to make a pledge totaling \$ _____ to Conway's Annual Fund.

to be paid in installments of \$ _____
monthly quarterly annually

I/we reserve the right to alter this commitment in the event of unforeseen circumstances.

Signature _____

Please mail to:

The Conway School
180 Pleasant Street, Suite 211
Easthampton, MA 01027

Or give securely online at:
www.csld.edu/giving

*Gifts are tax deductible to the extent allowed by law.

Method of payment:

Check enclosed. (Please make checks or money orders payable to The Conway School.)

Please bill my credit card.

Card type: Visa MasterCard American Express

Account number: _____

Expiration date: _____ CSV: _____

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