

Virginia Cattlemen's Foundation, Inc.
P.O. Box 9
Daleville, VA 24083

GIFT COMMITMENT

Total Gift Amount: \$ _____

Name: _____

Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Payment Options:

_____ Check enclosed: \$ _____
Make checks payable to the:
Virginia Cattlemen's Foundation, Inc. or the
Dairy Foundation of Virginia, Inc.

_____ Pledge: \$ _____
I/we intend to make payment on the following schedule.
\$ _____ per year for the next _____ years
(Maximum of three years) beginning _____.
Month Year

Signed: _____