

Invest in the Vikings!



Check out Viking news, schedules and scores online at www.gvc.edu

Grand View Viking Athletic Club and Scholarship Funds

Name _____

Address _____

City _____ State _____ Zip _____

Class year _____ GV Sports _____

Phone _____

Email _____

I/We pledge* a total of \$ _____ Viking Athletic Club

\$ _____ Viking Scholarship Fund

Please remind me in the month of _____ Amount Enclosed _____

Please tell us if your gift can be matched by

Employer Thrivent Financial for Lutherans Other _____

Please list my/our name on the donor list as _____

Payment Options

Check enclosed (made payable to Grand View Athletic Department)

Electronic Funds Transfer – Simply Giving Program (we will send application forms to you)

VISA

Discover

MasterCard

American Express

Credit Card Number _____

Expiration Date (month and year) _____

Name as it appears on card _____

NOTE: (VISA, MasterCard and Discover cardholders) Please include the last three digits located on the back of your card in the signature panel. (American Express cardholders)

Please include the four-digit number located on the far right front of the card. _____

Authorized Signature _____

Date _____

*All gifts to The Grand View Fund are due by the end of Grand View's fiscal year June 30. *Your gift is deductible to the extent allowed by law.

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