

PERSONAL INFORMATION

Name _____

Address _____ City _____ State _____ Zip _____

Email _____

Telephone _____ ☐ Mobile ☐ Home ☐ Business

GIFT INFORMATION

I/we wish to make a donation of \$ _____ Designated to _____

☐ One-time payment ☐ Pledge – *pledges may not exceed 5 years*

I will make payments of \$ _____ ☐ Monthly ☐ Quarterly ☐ Annually

First payment enclosed **OR** will begin on ____ / ____ / ____

Donor Signature _____ Date ____ / ____ / ____

PAYMENT OPTIONS

☐ Check made payable to *UC Riverside Foundation*

☐ Credit Card — For your convenience we accept: ☐ Visa ☐ Master Card ☐ Discover ☐ AmEx

Name on Credit Card _____ Acct. # _____ Exp. ____ / ____

Authorization Signature _____

ALTERNATIVE WAYS TO MAKE A GIFT:

- ☐ I have enclosed a matching gift form.
- ☐ I have already made UCR a beneficiary in my will, living trust, retirement plan, life insurance policy or other plan.
- ☐ Please contact me about how I can benefit UCR through my will or living trust, or other giving options that don't require cash today.

Please return this form along with your tax deductible contribution to:
 UC Riverside Foundation – University of California, Riverside, PO Box 112, Riverside, CA 92502-9879

