

PERSONAL INFORMATION

Appeal Code: _____

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 ☐ AnnuallyFirst 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 92502-0112**

