

## 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

