

**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

