



# Pledge/Donation Form

I/we wish to make a donation of \$ \_\_\_\_\_ designated to \_\_\_\_\_

One-time payment Name \_\_\_\_\_ Date \_\_\_\_\_

Check made payable to UC Riverside Foundation Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Pledge Employer Name \_\_\_\_\_

### Payment by Credit Card

For your convenience we accept: Visa   
MasterCard   
Discover

Account \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

### Pledge Commitment

I will make payments of \$ \_\_\_\_\_

- monthly
- quarterly
- annually

For pledges exceeding one year,  
you will be contacted regarding  
payment schedule.

First payment is enclosed **OR** will begin on \_\_\_\_/\_\_\_\_/\_\_\_\_

Return this card with your tax deductible contribution to:  
UC Riverside Foundation

University of California, Riverside

Riverside, CA 92521