

Appeal Code: \_\_\_\_\_

**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 am over 70½ and have directed my IRA account custodian to send a qualified charitable distribution to UCR.
- ☐ I am considering making UCR a beneficiary in my will, living trust, life insurance policy, retirement account or other plan.

*Please return this form along with your tax deductible contribution to:*  
UC Riverside Foundation – **University of California, Riverside, PO Box 5068, Riverside, CA 92517-5068**