



Making a Gift

Donor Information

Your name/maiden name _____

Spouse/partner name _____

Class year _____

Preferred mailing address:

home address business address

Street _____

City _____ State _____ ZIP _____

Phone number _____

Fax number _____

Email address(es) _____

Further Information

- Estate planning and life income opportunities
- Please contact me with more information about volunteer opportunities
- Please send me the *Berkeley Online* electronic newsletter
(You must include your email address above to receive the newsletter.)
- If you prefer to make a gift of securities, please call 510.642.4123

Fill out and mail this form to:

University of California Berkeley
University Relations | Gift Operations
P.O. Box 774
Berkeley, CA 94701-0774

If you have any questions or would like additional information, please contact our office at:
510.642.1212 or send an email to give@berkeley.edu

The information you provide will be used for university business and will not be released unless required by law. A portion of all gifts is used to defray the costs of administering the funds. All gifts are tax-deductible as prescribed by law.

Visit give.berkeley.edu to make your gift online today.

Yes, I would like to support the university with a tax-deductible gift at the following level:

- | | | |
|-----------------------------------|----------------------------------|--|
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$5,000 | } Leadership giving levels with special benefits and invitations |
| <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$2,500 | |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$1,000 | |

other (please specify) _____

Please designate my gift to:

- The Cal Fund
- my school/college _____
- other (please specify) _____

Payment Options

Checks may be made payable to UC Berkeley Foundation

- Full amount enclosed or charge full amount to credit card indicated below
- I would like to make payments (up to five years):
 - annually
 - quarterly
 - monthly
- My first payment of \$ _____
 - is enclosed
 - should be charged to the credit card indicated below
 - other (please specify) _____
- My payments will be made through the following foundation/trust

I will use best efforts to, and fully intend to, satisfy my pledged commitment.

Signature _____ Date _____

Credit Card Information

I authorize UC Berkeley to charge my credit card:

- MasterCard
- Visa
- American Express

Card number _____ Expiration date _____

Name on card _____

Signature _____

In addition to my personal gift, a **matching gift form from my employer:**
 is enclosed will be mailed



UNIVERSITY OF CALIFORNIA, BERKELEY