



UNIVERSITY OF CALIFORNIA, IRVINE
FOUNDATION

UNIVERSITY ADVANCEMENT
GIFT ADMINISTRATION
100 THEORY, SUITE 250
IRVINE, CA 92617
(949) 824-8662

UCI STAFF RELIEF FUND GIFT/PLEDGE FORM

Donor Name: _____

Spouse/Partner Name: _____

Address: _____

Home or Business

Email: _____
 Phone: _____
 In Honor of: _____
 In Memory of: _____

I/We irrevocably give/pledge \$_____ to the UCI Staff Relief Fund.

Note: The UCI Staff Relief Fund is subject to change at any time and without notice. Any remaining funds at the time of cancellation of this program will be directed by the UCI Chancellor to UCI purposes that the Chancellor deems to be most consistent with the UCI Staff Relief Fund.

Fulfillment Instructions: *(pledges not to exceed a five year payment period)*

Total payment enclosed at this time: \$_____ *(make check payable to UC Irvine)*

I/We would like to pay: \$_____; Monthly Quarterly Semi-Annually Annually; Starting: ___/___/___
Day / Month / Year

Please send pledge reminders to the above address or: _____

Please charge my credit card.
 Card Type: Visa MasterCard American Express Discover
 Name of Cardholder: _____
 Card Number: _____ Expiration Date: _____
 Billing address (if different than above): _____
 Authorized Signature: _____

Your credit card will be automatically charged on each payment date, per the schedule indicated above.

Recognition:

Please recognize my/our gift with the following name(s): _____
Please print clearly

I/We wish to remain anonymous.
 Choose anonymity level: Show name, not amount Show amount, not name Do not show name or amount

Signatures:

Donor Signature and Date: _____ Date: ___/___/___
Day / Month / Year

Spouse/Partner Signature and Date: _____ Date: ___/___/___
Day / Month / Year

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Privacy Notice

The 1977 California Information Practices Act requires UCI to inform individuals asked to supply information about themselves of the following:

- UCI is requesting this information to update the general resource files of the Office of University Advancement. Furnishing this information is strictly voluntary and will be maintained confidentially.
- This information may be used by other University departments but will not be disseminated to others except if required by law.
- You have a right to review your own data file. Inquiries should be forwarded to University Advancement, Gift Administration, 100 Theory Suite 250, Irvine 92617.

Donor's Consent

UC Irvine is grateful for the support it receives from friends and alumni. One of the ways our thanks is expressed is through listing the names of donors in various publications and press releases. Should you not wish that your name appear as a donor, please notify our office and also check the approximate box on this form.

The University of California, Irvine Foundation

The University of California, Irvine Foundation is a California nonprofit, public benefit corporation organized for the purpose of encouraging private support for the benefit of UCI and is recognized under both federal and state laws as a qualified recipient of tax-deductible, charitable contributions (federal ID 95-2540117). Responsibility for governance of the Foundation, including investments, is vested in its board of trustees which is composed of community leaders and senior campus administrators. All gifts are subject to UCI's administrative fee policies for gifts to the campus.

Binding Obligation

The donor intends this gift and/or pledge to be fully enforceable against the donor to the extent that the obligation has not been satisfied by gifts completed following the date of this gift and/or pledge.

Future Considerations

The UCI Staff Relief Fund is subject to change at any time and without notice. Any remaining funds at the time of cancellation of this program will be directed by the UCI Chancellor to UCI purposes that the Chancellor deems to be most consistent with the UCI Staff Relief Fund.