

### **Donor Information**

| Your name/maiden name                        |
|--|
| Spouse/partner name                          |
| Class year                                   |
| Preferred mailing address: O Home O Business |
| Street                                       |
| City State ZIP                               |
| Phone number                                 |
| Email address(es)                            |

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

| ○ \$20,000 | ◯ \$2,500 |
|------------|-----------|
| \$10,000   | ◯ \$1,000 |
| ○ \$5,000  |           |

O other (please specify)

Leadership giving levels with special benefits and invitations

For pledges of \$25,000 and above, a fundraiser will contact you to formally document your generous commitment. Please ensure that you provide a phone number and email address in the Donor Information area.

Please designate my gift/pledge to:

O The Cal Fund

O my school/college \_\_\_\_\_

O other (please specify)\_\_\_\_\_

## Fill out and mail this form to:

University of California, Berkeley Gift Services 1995 University Avenue, Suite 400 Berkeley, CA 94704-1070

The information you provide will be used for university business and will not be released unless required by law. A portion of each gift is allocated to Berkeley's fundraising and engagement efforts. This extends the impact of private support and helps renew the university's public mission and ensure its world-class excellence. All gifts are tax-deductible as prescribed by law.

#### **Payment Options**

Checks may be made payable to UCBerkeleyFoundation

Full amount enclosed or charge full amount to credit card indicated below

O I would like to make payments (up to five years): O annually O quarterly O monthly

My first payment of \$\_\_\_\_

- 🔘 is enclosed
  - O should be charged to the credit card indicated below
  - O other (please specify)\_

O My payments will be made through the following foundation/trust

Date

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

Signature\_\_\_\_

#### Credit Card Information

I authorize UC Berkeley to charge my credit card:

| ○ MasterCard    | 🔿 Visa | O American Express | O Discover |
|-----------------|--------|--------------------|------------|
| 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

### Want further information on...

Including Cal in your will, trust, or retirement plan? Visit **planyourlegacy.berkeley.edu**.

Making a gift of securities? Call **510.642.6791**.

Making a gift online? Visit **give.berkeley.edu**.

Anything else donor-related?

Contact 510.643.9789 or gifthelp@berkeley.edu.

