

**YOUR GIFT MAKES A DIFFERENCE**

To give easily online and see more giving options, visit [uclafund.ucla.edu](http://uclafund.ucla.edu)

**I'M PROUD TO SUPPORT UCLA WITH A GIFT OF:**

- \$1,000
- \$500
- \$250
- \$100
- Other: \$ \_\_\_\_\_

**IN THE FORM OF A:**

- One-time gift**
- Pledge with payments made\*:**
  - Monthly  Quarterly
  - With an initial payment of: \$ \_\_\_\_\_

*Maximize your impact with the convenience, flexibility and security of a recurring gift!*

**Recurring gift\***

- Automatically charged to my credit card:
- Monthly
  - Quarterly
  - Annually

**MY GIFT IS TO BE ALLOCATED AS FOLLOWS:**

- \$ \_\_\_\_\_ UCLA Fund (00412G)
- \$ \_\_\_\_\_ UCLA College's Greatest Needs (50491O)
- \$ \_\_\_\_\_ UCLA Volunteer Center Unrestricted Fund (62065O)
- \$ \_\_\_\_\_ Other: \_\_\_\_\_
- \$ \_\_\_\_\_ Other: \_\_\_\_\_

**FULFILLED BY:**

- Check payable to: **UCLA Foundation** (one-time gift or pledge only)
- American Express  Discover  MasterCard  VISA

Card Number: \_\_\_\_\_

Expiration Date: MM / YY

Name on Card (please print): \_\_\_\_\_ UCLA Class Year (if applicable): \_\_\_\_\_

Name of Spouse/Partner (if making a joint gift): \_\_\_\_\_ UCLA Class Year (if applicable): \_\_\_\_\_

Billing Address Street: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

- \*For pledge payments or recurring gifts fulfilled by credit card, please check this box to agree with UCLA's Automatic Payment Plan Agreement on reverse.**

- Please update my contact information (see reverse).

## STAY CONNECTED

To update your contact information online, visit [myaccount.support.ucla.edu/update](https://myaccount.support.ucla.edu/update)

### Please update my contact information to:

Mr.  Ms.  Mrs.  Dr. Name: \_\_\_\_\_ UCLA Class Year (if applicable): \_\_\_\_\_

Name, if different, at graduation: \_\_\_\_\_

Address: \_\_\_\_\_  Home  Business

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  Mobile  Home  Business

Email: \_\_\_\_\_  Home  Business

Spouse/Partner Maiden Name (if applicable): \_\_\_\_\_

Spouse/Partner UCLA Class Year (if applicable): \_\_\_\_\_

I'm a proud parent of a UCLA undergraduate | Student(s) Class Year(s): \_\_\_\_\_

## UCLA CHANCELLOR'S SOCIETY GIVING LEVELS

- Chancellor's Cabinet: **\$10,000+**
- Chancellor's Council: **\$5,000 – \$9,999**
- Chancellor's Associates: **\$2,500 – \$4,999**
- Chancellor's Circle: **\$1,000 – \$2,499**
- Chancellor's Young Alumni Circle (5-9 years post-undergraduate graduation): **\$500**
- Chancellor's Young Alumni Circle (0-4 years post-undergraduate graduation): **\$250**

## ADDITIONAL WAYS TO GIVE

- Estate Plan: Please send me information on how I can include UCLA in my estate plan.
- Securities: Please contact me with detailed transfer instructions.
- Matching Gift: Take advantage of your corporate gift matching program and double the impact of your support!
- Form enclosed  Form will be sent

**Automatic Payment Plan Agreement:** I hereby authorize The UCLA Foundation (Company ID #95-2250801) to initiate debit entries for my remaining payments and (credit) adjustments for any debit entries in error to my designated credit card account on the 15th of the month in accordance with the payment schedule selected on the front of this form. This authority is to remain in effect until the balance has been fulfilled or until the bank receives written notification from me of its termination in such manner to afford Bank reasonable opportunity to act.

Please review UCLA and The UCLA Foundation's Disclosure Statement for Prospective Donors at [uclafoundation.org/disclosures](https://uclafoundation.org/disclosures) or contact UCLA Giving at 310.794.2363. Please send payment and this completed form in the enclosed envelope to The UCLA Foundation, P.O. Box 7145, Pasadena, CA 91109-9903.