UC Berkeley

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 _____

E-mail 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 e-mail 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 Administration
P.O. Box 774
Berkeley, CA 94701-0774

If you have any questions or would like additional information, please contact our office at:
510.664.9150 or send an e-mail to givetobsa@berkeley.edu

Visit givetocal.berkeley.edu/studyabroad to make your gift online today.

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

☐ $50,000   ☐ $5,000
☐ $25,000   ☐ $2,500
☐ $10,000   ☐ $1,000

} Leadership giving levels with special benefits and invitations

☐ other (please specify)_____

Please designate my gift to:

☐ BSA General Support Fund (FU712000)

☐ BSA Scholarship Fund (FU0770000)

☐ 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