



Making a Gift



# 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 \_\_\_\_\_

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](mailto: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](http://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