

Appeal Code: _____

PERSONAL INFORMATION

Name _____
Address _____ City _____ State ____ Zip _____
Email _____
Telephone _____ Mobile Home Business

GIFT INFORMATION

I/we wish to make a donation of \$ _____ Designated to _____
 One-time payment Pledge – *pledges may not exceed 5 years*
I will make payments of \$ _____ Monthly Quarterly Annually
First payment enclosed **OR** will begin on ____ / ____ / ____
Donor Signature _____ Date ____ / ____ / ____

PAYMENT OPTIONS

Check made payable to *UC Riverside Foundation*
 Credit Card – For your convenience we accept: Visa Master Card Discover AmEx
Name on Credit Card _____ Acct. # _____
Exp. ____ / ____ CVC _____ Authorization Signature _____
Other – Qualified Charitable Distribution (QCD) Directed Grant from Donor Advised Fund (DAF) Stock/Securities

ALTERNATIVE WAYS TO MAKE A GIFT:

- I have enclosed a matching gift form.
- I am over 70½ and have directed my IRA account custodian to send a qualified charitable distribution to UCR.
- I am considering making UCR a beneficiary in my will, living trust, life insurance policy, retirement account or other plan.

Please return this form along with your tax deductible contribution to:
UC Riverside Foundation – **P.O. Box 5068, Riverside, CA 92517-5068**
UC Riverside Foundation is a charitable organization under IRS tax code 501(c)(3). Tax ID: 23-7433570