

CAL POLY

SAN LUIS OBISPO

Pledge Gift Information Form

Name:	Company:
Address:	Phone:
Address2:	Email:
City, State, Zip	

I would like my pledge to support: (please indicate an area):

Pledge Amount : \$	Pledge Date:
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Reminder Schedule (specify dates below)	I prefer to charge my (AMEX,DISC,MC,VISA):
Monthly:	Card #:
Quarterly:	Expires:
Annual:	Name on Card:
# Payments:	Signature:
	Charge 1 st payment only (Y/N):
	Charge all payments at due date (Y/N):

Other instructions:

Signature: _____ Date: _____

Internal Office Use:

Pledge Received By: (print name, dept)		Date:
Approved By: (UA Officer or Dean)		Date:
Fund Allocation or Account #:		

Send completed form to Advancement Services, University Advancement, 6-1555, giving@calpoly.edu.
Make checks payable to "Cal Poly."