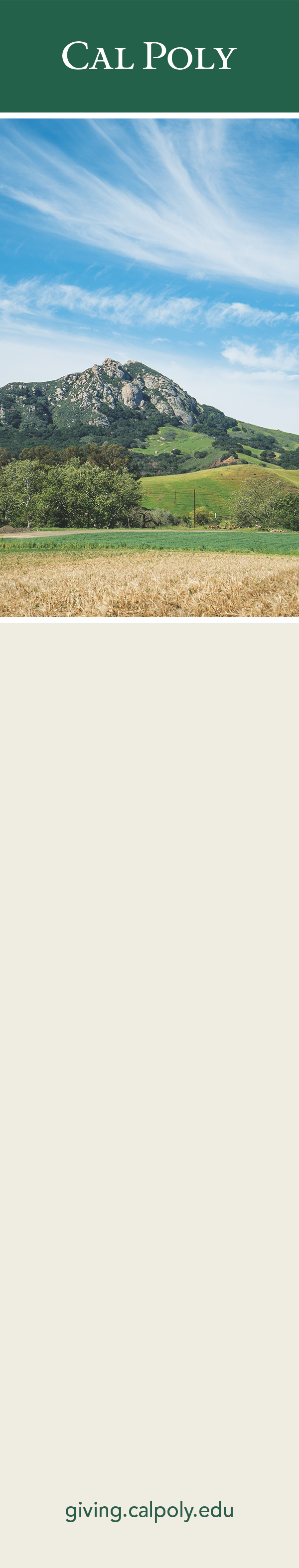
**GIFT AGREEMENT**

Contact Information:

[NAME]  
[ADDRESS]  
[PHONE/EMAIL]

I would like my pledge to support: [XXXX]

Pledge Amount: [$X,XXX] Pledge Date: [MONTH XX, 20XX]

Pledge Plan: [$X,XXX] per year for [X] years;

Pledge Payments:

[March 15, 2015: $25,000]

[March 15, 2016: $25,000]

[March 15, 2017: $25,000]

[March 15, 2018: $25,000]

[March 15, 2019: $25,000]

Recognition: Please note that it is our practice to list donor names and gift ranges in appropriate campus publications. From time to time, we will list your name unless you request otherwise.

 I would like my name to appear as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I do not want my name published and wish to remain anonymous.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make your check payable to:   
Cal Poly Foundation and in the Memo line write: [FUND NAME]

Cal Poly Federal Tax ID: 20-4927897

Please send check to:

College of [XXX] Advancement Office  
1 Grand Avenue, Bldg. [XXX]  
San Luis Obispo, CA 93407-[XXXX]

Internal Office Use:

|  |  |  |
| --- | --- | --- |
| Pledge Received By: |  | Date: |
| Approved By: (UA Officer or Dean) |  | Date: |
| Fund Allocation #: | [XXXX] | |