

PERSONAL INFORMATION

NAME

SPOUSE'S NAME

ADDRESS

CITY

STATE

ZIP

HOME/CELL PHONE

WORK PHONE

EMAIL ADDRESS

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/We would like my/our name to appear as:
- _____
- I/We do not want my/our name published and wish to remain anonymous.

GIFT/PLEDGE INFORMATION

I/We make a gift/pledge of

\$ _____

Contributions may be spread over five years.

I/We will give \$ _____ a year for _____ years

Pledge payments will begin (month/year)

Please send reminders:

- quarterly semi-annually
- annually no reminders

I/We would like this gift to support:

- The President's Fund for Excellence supporting the greatest campus needs
- Applied to the college, department, or program designated below
(multiple designations — with amounts — may be listed)

PLEDGE PAYMENT OPTIONS:

- Check:** \$ _____ is enclosed. Please make checks payable to Cal Poly Foundation.

Remittance address: *Development Support Services*
1 Grand Avenue, Bldg. 117
San Luis Obispo, CA 93407-0443

- Credit Card:** Please charge my (AMEX, DISC, MC, VISA):

CARD NUMBER

EXP. DATE

NAME ON CARD

Charge scheduled payments of \$ _____ in the following months/years:

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC 20__ 20__ 20__ 20__ 20__

- I authorize recurring charges on the credit card as indicated on the schedule above.

CARDHOLDER'S SIGNATURE

OTHER INSTRUCTIONS

TOTAL gift commitment: \$ _____

SIGNATURE

SPOUSE'S SIGNATURE (IF APPLICABLE)

DATE