



# California State University, Bakersfield Foundation **PLEDGE FORM**

## DONOR CONTACT INFORMATION:

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_  
Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Please recognize this gift as being from: \_\_\_\_\_  
I would like my gift to remain anonymous.

## COMMITMENT INFORMATION:

Pledge of: \$ \_\_\_\_\_ ( per month/ year) for \_\_\_\_ ( months/ years)  
for a total of: \$ \_\_\_\_\_ Preferred Start Date: \_\_\_\_\_  
One-time gift of: \$ \_\_\_\_\_ Anticipated Gift Date: \_\_\_\_\_  
Gift will support: \_\_\_\_\_

## PAYMENT INFORMATION:

Send a payment reminder via mail (select frequency below)

Monthly      Quarterly      Semi-Annually      Annually

Preferred Start Date: \_\_\_\_\_

One-time Gift of Cash or Check      Check number: \_\_\_\_\_

One-time credit card payment

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Billing name and address (if different than above): \_\_\_\_\_  
\_\_\_\_\_

Anticipated Gift Date: \_\_\_\_\_

## DONOR NOTES / COMMENTS

\_\_\_\_\_  
\_\_\_\_\_

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UA Signature: \_\_\_\_\_ Date: \_\_\_\_\_