



*fill in all required fields

YOUR INFORMATION

First Name*: _____ Last Name*: _____ Gender: _____
 Company: _____ Authorized Representative/Title: _____
 Home Address*: _____ Preferred*
Street / City / State / Zip
 Home Phone*: _____ Personal Email*: _____
 Business Address*: _____ Preferred*
Street / City / State / Zip
 Business Phone*: _____ Business Email*: _____
 Name/Company as you would like to be acknowledged*: _____
 Individual Alumni Faculty/Staff Friend Parent Organization Foundation Corporation Other
 Anonymous Yes No

GIFT SOURCE AND WHAT YOUR GIFT WILL SUPPORT

IMPORTANT Gift Source: Individual Company Joint Gift Other Party: _____ % of Gift: _____
 Total Amount: \$ _____ In Honor In Memory Of (Name) _____

Amount	Purpose of Gift	School/Dept

 _____ (Program, Project, etc.)

OPTION
1
OR
OPTION
2

1 YOUR ONE-TIME GIFT

Amount: \$ _____ Date (MM/DD/YYYY): _____

2 YOUR PLEDGE

Monthly Bi-Monthly Quarterly Semi-Annually Annually
 Total Amount: \$ _____ No. of Payments: _____ Initial payment included
 Please send courtesy reminders for the installment amount of \$ _____
 Beginning: _____ and Ending: _____
Month/Year Month/Year

YOUR COMPANY MATCHING GIFT

My/our gift will be matched by Company: _____
 Amount: \$ _____
 Note: Your company requires that each subsequent gift be accompanied by a completed matching gift form.

SIGN BELOW

Donor Signature _____ Print Name _____ Date _____
 YES! I want benefits (gift amount less benefits will be tax deductible) NO, I do not wish to receive benefits, rather, I would like 100% of my donation to be tax deductible.

Thank you for your generous gift!

The donor understands that 95 percent of all donations will directly support the intended purpose with the remaining five percent deducted as a one-time administration fee to defray the cost of fundraising activities and development services for the University.

YOUR PAYMENT INFORMATION* choose one

Check Cash Securities
 Please make check payable to: **CSUB Foundation**
 Mail to: 19 AW, 9001 Stockdale Hwy, Bakersfield, CA 93311
 NOTE: If paying pledge payments by credit card, you must ALSO fill out RECURRING GIFT FORM!
 Credit Card
 *Card Number _____
 *Expiration Date _____
 Card Billing Address
 *Street _____
 *City _____
 *State _____
 *Zip Code _____

 Signature (Must match name on card)
 *required

FOR INTERNAL USE

Customer ID:	Received by:	<input type="checkbox"/> Hand	<input type="checkbox"/> Mail	<input type="checkbox"/> Electronic	Date:
CSUB Solicitor name:	Phone:	Email:			
Campaigns:	Fund:	Appeal:			
Benefit:					