

## Long Beach State Foundation

## University Relations and Development Gift/Pledge Form

Please mail or fax this completed form to: Long Beach State Foundation 1250 N Bellflower Blvd, BH - 387 Long Beach, California 90840 Phone: (562) 985-5778 or Fax: (562) 985-7951

DONOR INFORMATION

v				
Name (please print clearly):				
Address:		City, State, Zip:		
Telephone:	Fax:	š		Email:
GIFT INFORMATION				
I hereby pledge \$ to the CSULB 49er Foundation.				
☐ This gift is the first installment for my pledge.				
☐ I have enclosed a check as payment				
☐ My gift will be made online using my Master Card/Visa/ American Express at <u>Give to CSULB</u> or I will contact the Long Beach State Foundation at (562) 985-8491 to make my credit card payment over the phone.				
Allocation Information:				
CSULB College/Program:			Designation/Purpose:	
PLEDGE INFORMATION				
Please bill me/us:  monthly quarterly semi-annually annually for (number of payments) payments.				
I would like to receive reminders for my pledge: yes no				
**Note: Gift payments may be made for a period of up to five (5) years.				
OTHER GIFT INFORMATION				
Matching Gift Information:				
☐ My/our gift may be increased with a corporate match from:				
RECOGNITION				
Donors agree to allow the University to publish his/her name with gift amount in publications and press releases in order to inspire other donors to make similar gifts.				
☐ I wish to remain anonymous.				
In the unlikely event that at some future time it becomes impossible for this gift to serve the specific purpose for which it was created, the Donors shall be consulted on an alternate use. If the donors are no longer living, their designated heirs may be consulted. The President shall then designate the use as close to the donor's original intent as possible.				
SIGNATURE(S)				
Donor Signature:			Date:	
Donor Signature:				Date: