



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: \$ _____

One-time gift of \$ _____

Gift will support: _____

PAYMENT INFORMATION:

Send a payment reminder via mail (select frequency below)

Monthly Quarterly Semi-Annually Annually

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): _____

DONOR NOTES / COMMENTS

Donor Signature: _____ Date: _____

UA Signature: _____ Date: _____