



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: _____
Make checks payable to CSUB Foundation.

One-time credit card payment
Pay online at www.csub.edu/give or call (661) 654-2025.

DONOR NOTES / COMMENTS

Donor Signature: _____ Date: _____

UA Signature: _____ Date: _____