



CALIFORNIA STATE UNIVERSITY
LONG BEACH
 49^{ER} FOUNDATION

**University Relations and Development
 Gift/Pledge Form**

Please mail or fax this completed form to:
 CSULB 49er Foundation
 1250 N Bellflower Blvd, BH - 387
 Long Beach, California 90840
 Phone: (562) 985-5778 or Fax: (562) 985-7951

DONOR INFORMATION

Name (please print clearly):			
Address:		City, State, Zip:	
Telephone:	Fax:	Email:	

GIFT INFORMATION

I hereby pledge \$_____ to the CSULB 49er Foundation.	
<input type="checkbox"/> This gift is the first installment for my pledge.	
<input type="checkbox"/> I have enclosed a check as payment	
<input type="checkbox"/> My gift will be made online using my Master Card/Visa/American Express at Give to CSULB or I will contact the CSULB 49er Foundation at (562) 985-8491 to make my credit card payment over the phone.	
<i>Allocation Information:</i>	
CSULB College/Program:	Designation/Purpose:

PLEDGE INFORMATION

Please bill me/us: <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semi-annually <input type="checkbox"/> annually for _____ (number of payments) payments.	
I would like to receive reminders for my pledge: yes <input type="checkbox"/> no <input type="checkbox"/>	
**Note: Gift payments may be made for a period of up to five (5) years.	

OTHER GIFT INFORMATION

<i>Matching Gift Information:</i>
<input type="checkbox"/> My/our gift may be increased with a corporate match from:

RECOGNITION

<input type="checkbox"/> 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.
<input type="checkbox"/> 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: _____