



Gift Reply Form

Yes, I want to participate in Campaign UCLA!

My Gift is to support: (check one)

- Areas of greatest need at: (specify School or College) _____
- Areas of greatest need campus-wide.
- Other The UCLA Foundation/Academic Senate Support Fund, Fund Number 6871
- My spouse's employer has a matching gift program; I am enclosing a matching gift form.

This contribution should be recorded as a gift from

Mr. Ms. Mr. & Mrs. _____
(please print)

My Annual Gift Amount is: \$ _____

I prefer to pay my gift: _____ Annually _____ Semi-annually _____ Quarterly

Enclosed is my check, made payable to the UCLA Foundation in the amount of \$ _____

I prefer to charge my gift to: _____ Visa _____ MasterCard _____ American Express

Card # _____ Expiration Date _____

Signature _____

I prefer to have UCLA collect my gift through monthly payroll deduction.* (minimum of \$20 per month)

Monthly Gift Amount: \$ _____ No. of months _____

Name _____ University ID _____

Social Security # _____ Birthdate _____

Department _____ Campus Phone _____

Date _____ Signature _____

* An employee must be employed with UCLA for at least 50% time for a minimum of nine months to be eligible for payroll deduction.