

UCI Libraries Gateway Society

Name: _____ Spouse/Partner Name: _____

Mailing Address: _____ Email: _____

Phone: _____
 Home or Business Cell Home Work

Relationship: Alumni (Year: _____) Faculty/Staff Friend Parent Student Other _____

Gift Information:

Yes, I would like to join the UCI Libraries Gateway Society at the following level:

- | | |
|---|---|
| <input type="checkbox"/> \$1500+ Benefactor | <input type="checkbox"/> \$75 UCI Faculty & Staff (current & former) |
| <input type="checkbox"/> \$1000 Patron | <input type="checkbox"/> \$50 Recent Alumni (UCI graduates of the last 5 years) |
| <input type="checkbox"/> \$500 Champion | <input type="checkbox"/> \$25 Current UCI Students |
| <input type="checkbox"/> \$250 Ally | |
| <input type="checkbox"/> \$150 Friend | |

I decline the benefits offered for my chosen membership level

Payment Options: (Fund #2783)

Total payment enclosed: \$ _____

I/We are attaching a check made payable to **UCI Foundation**

Please schedule automatic credit card payments for \$ _____ each month for a total of \$ _____
Begin on the following date: ___ / ___ /20__

Please charge my credit card: Personal or Business credit card

Card Type: Visa MasterCard American Express Discover

Name of Cardholder: _____

Card Number: _____ Expiration Date: _____

Billing address (if different than above): _____

Authorized Signature: _____

Your credit card will be automatically charged on each payment date, per the schedule indicated above.

Recognition:

Please recognize my/our gift with the following name(s): _____

In Honor or In Memory of _____

I/We wish to remain anonymous

Choose anonymity level: Show name, not amount Show amount, not name Do not show name or amount

Signatures:

Donor Signature: _____ Date: _____

Spouse/Partner Signature: _____ Date: _____

Mail completed form and payment to:

The UCI Libraries Development Office
P.O. Box 19557
Irvine, CA 92623-9557
(949) 824-8904