



615-459-4559 ucdafoundation.org

## **Gift/Pledge Form**

I want to help support designers with a gift to the	e UCDA Fo	undation.	
My gift is to support:			
My gift is in honor or memory of:			
GIVE NOW  ☐ A check for the full amount of my gift is e ☐ Please charge the full amount of my gift t ☐ Visa ☐ MasterCard ☐ American Ex	o my credit	card:	Foundation).
Name as it appears on the card (please print)		Title (if applicable)	
Account Number	Exp. Date	Signature	
Semi-annual, or □ annual payments over □ Charge recurring payments to my credit of (Complete credit card information above □ Please send pledge reminders. I will pay be Signature to confirm your gift commitment  GIVE ONLINE  Visit ucdafoundation.org to make your gift on MATCH YOUR GIFT  Matching gifts are designated to the same purpose as your gift,	.) mor yy check or co Date	nth/day/year online at ucdafoundatio	on.org.
My company has a matching gift program. Th	e form is □ e	nclosed□on the way□	Isubmitted online.
Employer name			
<b>DONOR INFORMATION</b> Please help us ensure that our records are correct by completing	the information	below. (Please print)	
Donor Name	Recognition Na	nme (if different than donor name	e; if anonymous, note here)
Mailing Address	City	State	Zip
Preferred email address	Preferred Phone: □office □home □cell		
I prefer to receive my gift receipt ☐ by mail [	∃by email.		

Thank you for your gift. Donors like you are making a difference.

