

## PLEDGE FORM

This pledge is from:  Individual(s) or  Organization \_\_\_\_\_  
*Type of organization, ex. Foundation, corporation, trust, donor advised fund, etc.*

Donor or Organization Name: \_\_\_\_\_

Spouse/Partner or Org. Contact Name (Title): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

In Honor of: \_\_\_\_\_

Home or  Business

In Memory of: \_\_\_\_\_

I/We irrevocably pledge \$ \_\_\_\_\_  Current Use –OR–  Existing Endowment (\_\_\_\_\_ Fund # required)

To be used for the UC Irvine Diabetes Center in the following area:

Where Most Needed <sup>(3108)</sup>

Research Lab Equipment <sup>(3776)</sup>

Drug Discovery Research Fund <sup>(3777)</sup>

Research Fellow Support <sup>(3678)</sup>

Wish for a Cure Fund <sup>(3556)</sup>

Other: \_\_\_\_\_

### Fulfillment Instructions/Payment Plan: *(pledges not to exceed a five year payment period)*

Total pledge payment enclosed at this time: \$ \_\_\_\_\_ *(make check payable to UC Irvine Foundation, memo Diabetes Center)*

I/We would like to pay: \$ \_\_\_\_\_;  Monthly  Quarterly  Semi-Annually  Annually; Starting: \_\_\_\_/\_\_\_\_/\_\_\_\_

*I/We are not placing any restrictions on the timing or schedule of the expenditures related to these funds.*

*Month / Day / Year*

Please send pledge reminders to the above address or: \_\_\_\_\_

Please charge my  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): \_\_\_\_\_

*Please print clearly*

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 and Date: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Month / Day / Year*

Spouse/Partner Signature and Date: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Month / Day / Year*

### Privacy Notice

The 1977 California Information Practices Act requires UCI to inform individuals asked to supply information about themselves of the following:

- UCI is requesting this information to update the general resource files of the Office of University Advancement. Furnishing this information is strictly voluntary and will be maintained confidentially.
- This information may be used by other University departments but will not be disseminated to others except if required by law.
- You have a right to review your own data file. Inquiries should be forwarded to University Advancement, Gift Administration, 100 Theory Suite 250, Irvine 92617.

#### **Donor's Consent**

UC Irvine is grateful for the support it receives from friends and alumni. One of the ways our thanks is expressed is through listing the names of donors in various publications and press releases. Should you not wish that your name appear as a donor, please notify our office and also check the approximate box on this form.

#### **The University of California, Irvine Foundation**

The University of California, Irvine Foundation is a California nonprofit, public benefit corporation organized for the purpose of encouraging private support for the benefit of UCI and is recognized under both federal and state laws as a qualified recipient of tax-deductible, charitable contributions (federal ID 95-2540117). Responsibility for governance of the Foundation, including investments, is vested in its board of trustees which is composed of community leaders and senior campus administrators. All gifts are subject to UCI's administrative fee policies for gifts to the campus.

#### **Binding Obligation**

The donor intends this gift and/or pledge to be fully enforceable against the donor to the extent that the obligation has not been satisfied by gifts completed following the date of this gift and/or pledge.

#### **Future Considerations**

The Foundation and UCI are grateful for the Donor's support of the campus and are committed to fulfilling the Donor's objectives reflected in this Agreement. As research and academic programs move forward, there is the possibility that it may become impracticable for this Gift to serve the specific purpose of the stated intentions. If this unlikely circumstance should occur, UCI will consult with the Donor, if possible, or the Donor's estate, if practicable, and the UCI Chancellor shall direct that the Gift be devoted to UCI purposes that the Chancellor deems to be most consistent with the Donor's wishes.