

CaLARTS

GIFT PLEDGE FORM

OFFICE OF ADVANCEMENT
24700 McBean Parkway, Valencia, CA 91355-2340
Phone: (661) 253-7772
Fax: (661) 291-3013

To meet the campaign objectives that support CalArts and its students, I/we confirm my/our wish to contribute a total of \$_____.

I/we request that the gift be used to support the following area(s):

Amount	Endowed	Gift Type Capital Projects	Current Use	Fund or Purpose
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Donor or Organization Name: _____

Spouse/Partner or Organization Contact Name: _____

Address: _____ E-Mail: _____

_____ Phone: _____

☐ Home ☐ Business

Please list my/our name(s) in the CalArts annual report as: _____

Relationship to CalArts: ☐ Trustee ☐ Alumnus/Alumna ☐ Friend ☐ Parent ☐ Faculty/Staff ☐ Organization
Indicate type of organization (i.e., corporation, foundation, trust, etc.)

Fulfillment Instructions: *(not to exceed 5 years)*

1. Total pledge payment enclosed at this time: \$ _____

2. I/we would like to pay: ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly

Starting: _____ In _____ equal installments of \$ _____.
mm/yy

3. Payment: ☐ Please send pledge reminders to the above address.

☐ Please charge my credit card.
Your credit card will be automatically charged each billing cycle.

Card Type: ☐ Visa ☐ MasterCard ☐ American Express

Card#: _____ Exp. Date: _____
mm/yy

☐ Please do not send pledge reminders.

4. Is this gift eligible for a corporate match? ☐ Yes ☐ No

Amount to be matched: \$ _____ By: _____

Note: Please do not include corporate matching gifts in the total amount of your pledge. You will receive associated credit for matching gifts.

Donor or Organization Contact Signature and Date: _____

Development Contact Information:

Development Officer Name: _____

Phone and E-mail: _____