

ATTACHMENT D

Sample Gift and Membership Solicitation Remittance Templates

BASIC GIFT REMITTANCE CARD

Front of Basic Gift Remittance Card

I am pleased to support the (Name of School, Dept., Center) with my gift to (Fund Name) in the amount of:

\$2,000 \$1,500 \$1,000 Other \$_____

This is a joint gift. Spouse/Partner name: _____

Method of Payment: I prefer to pay by:

- Check:** Please make check payable to The UCLA Foundation.
 Credit Card: VISA MasterCard American Express Discover

Credit card #: _____

Expiration (mm/yy): _____

Name on card (please print): _____

Amount to be charged now: \$_____

If you would like to make your gift over time, please check one from each of the following categories:

First payment: (select one) Payment Schedule: (select one)

- Included One-time payment on 4 consecutive
 To be made: _____ (month/year): _____ monthly payments
(month/year) 2 semiannual payments 4 quarterly payments

For my convenience, please automatically deduct my pledge payments on the 15th of the month(s) in accordance with the payment schedule selected above from my:

- Credit card (as completed above)
 Checking account (please include your first payment or attach a voided check showing name, address and account number to be charged)

Signature: _____ Date: _____

Additional ways to give:

- Matching Gift:** In addition to my personal gift, I have enclosed a matching gift form.
 Estate Plan: Please send me information on how I can include UCLA in my estate plan.

Online: To give online, visit www.campaign.ucla.edu.

Securities: Please contact the securities coordinator at (310) 794-3434 for detailed transfer instructions.

- Please update my contact information (make changes on reverse).**

(Advance ID)

Josephine Bruin '76

1234 Westwood Blvd.

Los Angeles, CA 90024

(Phone Number)

(E-mail address)

Please send payment and this completed form in the enclosed envelope to: The UCLA Foundation, Box 7145, Pasadena, CA 91109-7145 (**Do Not Send Cash**). For more information, please call: (Solicitation Initiator) at (Initiator's Phone number).

Thank you for your tax-deductible gift in support of (Name of School, Dept., Center)

Back of Basic Gift Remittance Card

Please help us update your information:

Name: _____ **Preferred Address** Position/Title: _____
 Address: _____ Home Business Company Name: _____
 _____ Company Address: _____
Preferred E-mail
 Home Phone: _____ Business Phone: _____
 Home E-mail: _____ Home Business Business E-mail: _____
 Date of Birth: ___ / ___ / ___ Marital Status: _____

Please help us update your spouse/partner's information:

Is spouse/partner a UCLA alumnus? Yes No
 Name of spouse/partner: _____ Name at graduation: _____ Class year: _____

Privacy Notice: The 1977 California Information Practices Act requires UCLA to inform individuals asked to supply information about themselves of the following: UCLA is requesting this information to update the general resource files of its External Affairs Department. Furnishing the information is strictly voluntary and will be maintained confidentially. The information may be used by other University departments in the regular course of business but will not be disseminated to others except if required by law. You have the right to review your own data file. Inquiries should be forwarded to Assistant Vice Chancellor - Finance and Information Management, External Affairs, 10920 Wilshire Blvd. 9th Floor, Los Angeles, CA 90024-6511. **Donor's Consent to Use Personal Information:** The University is grateful for the support it receives from alumni, parents, and friends. One of the ways we express our thanks is by listing the names of donors in Web-based and/or print publications. Should you wish that your name not appear as a donor, please notify us if you have not already done so. **Fiduciary Responsibility of The UCLA Foundation:** The UCLA Foundation is a California non-profit, public benefit corporation organized for the purpose of encouraging voluntary private gifts, trusts and bequests for the benefit of the UCLA campus. Responsibility for governance of The Foundation, including investments, is vested in its Board of Directors. **Recovery of Operating Costs From Private Gifts:** As is customary with universities and other non-profit organizations across the country, a one-time gift fee is applied to all gifts to provide essential support necessary to UCLA's overall operation. The fee is currently 6.5%. **Automatic Payment Plan Agreement:** I hereby authorize The UCLA Foundation (Company ID# 95-2250801) to initiate monthly debit entries for my remaining payments and (credit) adjustments for any debit entries in error to my designated checking or credit card account. This authority is to remain in effect until the balance has been fulfilled or until the Bank receives written notification from me of its termination in such time and in such manner to afford Bank reasonable opportunity to act.

This is a basic gift remittance card for The UCLA Foundation with one fund and multiple payment options.

Other remit templates will allow for solicitations with giving to:

- Multiple funds
- Benefits (acceptance/decline)
- Memorial /honorary tributes
- Endowed funds
- Medical Sciences (HIPAA disclosures)
- Multi-year

BASIC MEMBERSHIP REMITTANCE CARD

Front of Membership Remittance Card

Membership Options (choose one):

- (LM) **Life Membership:** \$495 (paid in full)
- (PL) **Life Membership Easy Payment Plan:** Pay \$55 now as an initial down payment, then have \$27.50 per month deducted from your checking or credit card account for 18 months – a total cost of \$550
 Authorization signature: _____ Date: _____
- (AM) **Annual Membership:** \$45

Method of Payment I prefer to pay with my (choose one):

- Check:** Please make check payable to the UCLA Alumni Association.
- Credit Card:** VISA MasterCard American Express Discover
 Credit Card #: _____
 Expiration (mm/yy): _____
 Name on card (please print): _____

To join online, visit www.UCLAumni.net.

Please update my contact information (make changes on reverse).

| | |
|-----------------------|------------------|
| (Advance ID) | |
| Josephine Bruin '76 | (Phone Number) |
| 1234 Westwood Blvd. | (E-mail address) |
| Los Angeles, CA 90024 | |

Please send payment and this completed form in the enclosed envelope to: UCLA Alumni Association, Box 512625, Los Angeles, CA 90051-0625 **(Do Not Send Cash)**. For information, please call: Members Services at 800- or 310-UCLAumni (825-2586).

Thank you for joining the UCLA Alumni Association.

Back of Membership Remittance Card

Please help us update your information:

Name: _____ **Preferred Address** Position/Title: _____
 Home Address: _____ Home Business Company Name: _____
 _____ Company Address: _____
 Home Phone: _____ **Preferred E-mail** Business Phone: _____
 Home E-mail: _____ Home Business Business E-mail: _____
 Date of Birth: ____ / ____ / ____ Marital Status: _____

Please help us update your spouse/partner's information:

Is Spouse/Partner a UCLA Alumnus? Yes No
 Name of Spouse/Partner: _____ Name at Graduation: _____ Class Year: _____

Online Directory: Members are automatically included in our Online Alumni Directory unless they ask to be excluded.

Please exclude the following from my listing (check below):

(XA) Home Address (XE) Home E-Mail (XB) Business Information
 (XP) Home Phone (XG) Graduation Year

(XT) Please exclude me from the Directory.

Automatic Payment Plan Agreement: I hereby authorize the UCLA Alumni Association (Company ID# 95-2286986) to initiate monthly debit entries for my remaining payments and (credit) adjustments for any debit entries in error to my designated checking or credit card account. This authority is to remain in effect until the balance has been fulfilled or until the Bank receives written notification from me of its termination in such time and in such manner to afford the Bank reasonable opportunity to act.

This is a basic membership remittance card for The Alumni Association solicitation for Alumni and Friends.

Other remittance templates will allow for solicitation of:

- Students
- Alumni class year