

DLC Visionary 5-Year Pledge Membership Form

I would like to become a Visionary-level Member of the Dean's Leadership Circle.

With a 5-year, \$25,000.00 pledge, a named front & center (1st 5 rows) seat in the DLC Auditorium will be reserved for you.

As a Visionary, you can add seats onto your 5-year pledge by selecting from the following options:

Front & Center - 1st 5 rows \$10,000 5-Year Pledge; \$2,000.00 per year; \$166.66 month
 Back & Center \$ 7,500 5-Year Pledge; \$1,500.00 per year; \$125.00 month
 Back & Side \$ 5,000 5-Year Pledge; \$1,000.00 per year; \$ 83.33 month

Total amount pledged: _____

Please apply my contributions over the 5-year period based on this schedule:

Annual *Semi-Annual* *Each Quarter* *Each Month**

**Monthly option available only through automatic credit card contributions or UCI Payroll Deduction*

Start first contribution in _____ Month (contributions made on the 15th of the month)

The following information is needed to be included in member roster and invitations and communications will be sent to the following address and/or email you provide the DLC:

Name: _____ E-mail: _____

Address: _____

Daytime Phone: _____ Home Phone: _____

Employer: _____ Title: _____

Birthday: _____ Spouse Name: _____

Type of Member: Alumni Faculty Staff Community Business Parent

Industry: _____ Referred by: _____

I will apply the following process to make my contribution(s):

Attached is my signed pledge form. Please send me a pledge statement per my payment selection above.

I am attaching a check made payable to the "UCI Foundation" for my first pledge contribution.

I prefer to make contributions on-line: www.ucifuture.com, Donate Online Now, The Paul Merage School of Business, DLC

My company will match my contribution. The entire amount of my pledge, with my employer's matching gift(s), will qualify me for 5-year membership. I plan to give \$_____, personally. I will submit the appropriate forms, asking my employer to match my gift(s), subject to my employer's matching gift policies.

Monthly Payroll Deduction (UCI employees only)

Donor Advised Funds

Please charge my credit card:

Automatically when contributions are due (charged the 15th of the month) until my pledge is paid off.

One time only for \$_____

Type of card Account Number Expiration Date

 Company credit card *Personal credit card*

Name on card

Credit Card Billing Address

Pledge Activation/Credit Card Authorizing Signature _____

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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 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 the right to review your own data file. Inquiries should be forwarded to the Director of Gift Policy and Administration, University Advancement, University of California, Irvine, CA 92697.

The UCI Foundation

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