

DLC Auditorium Naming Campaign 3-Year Membership Pledge Form

Yes, I would like to "Reserve my Seat" inside the Dean's Leadership Circle Auditorium!

A 3-year membership pledge will reserve your named seat. Please indicate which section you choose to be seated:

___ **Front & Center*** \$10,000 3-Year Pledge - \$3,333.33 per year; \$277.77 month
___ **Front, Side or Back, Center** \$7,500 3-Year Pledge - \$2,500.00 per year; \$208.33 month
___ **Back, Side Section** \$5,000 3-Year Pledge - \$1,666.66 per year; \$138.39 month

Please apply my contributions over the 3-year period based on this schedule:

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

**Visionary members receive first 5 rows, front & center section. Visionary is 5-year pledge with a separate form. Please inquire.*

***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 3- 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 \$_____ today.**

Start first contribution in _____ month (contributions are due the 15th of the month)

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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The UCI Foundation

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