



California State University, Chico

Today Decides Tomorrow

Pledge Form

(Please print or type)

Name

Mailing address

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State

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Telephone

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Business

Fax

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Pledge Information

To support the

I (we) wish to make a pledge of a total of \$ _____ to be paid: monthly quarterly annually

beginning on _____ ending on _____ . Expected pledge payments

(Date)

(Date)

I (we) plan to make this contribution in the form of: cash check credit card* other

*For your secure credit card gift, please log on to Make A Gift, <http://www.csuchico.edu/url/gift>

My (our) gift will be matched by _____ (company/foundation)

form is enclosed

form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: (Please print clearly)

Signature

Date

Signature

Date

Donor's Confidentiality

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I (we) wish to have my (our) name(s) remain confidential and not published or cited.

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California State University, Chico
Chico, CA 95929-0155
(530) 898-4488

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