

# GIFT FORM

Berkeley Center for Theoretical Physics

BY MAIL — Print, then complete and mail this form along with a check or credit card information to:

The Department of Physics  
University of California  
366 LeConte Hall #7300  
Berkeley, CA 94720-7300

BY FAX — Print, then complete and fax this form with credit card information to: 510-643-8497

## PERSONAL INFORMATION

Mr.  Ms.  Mrs.  Other

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Joint gift with spouse Spouse Full Name \_\_\_\_\_

Preferred Address  Home  Business

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

## ALUMNI INFORMATION

Physics Degree(s) and Year(s) \_\_\_\_\_

## CONTACT INFORMATION

Please provide us with your home or work phone number or email address so that we may contact should there be any questions about your gift.

E-mail \_\_\_\_\_  Home  Business

Phone \_\_\_\_\_  Home  Business

## PERMISSION TO PUBLISH

You may publish my/our name(s) in donor rolls.

I/We would like to be recognized as \_\_\_\_\_

## MATCHING FUNDS

Many companies will match employees' gifts and will often match gifts made by spouses. Please increase the impact of your gift by having it matched. Send your gift to the Department of Physics along with a matching gift form provided by your company's personnel or human resources office.

I work for a company that will match my/our gift to the Berkeley CTP.

My spouse works for a company that will match my/our gift to the Berkeley CTP.

## SPECIAL INSTRUCTIONS FOR THIS GIFT

This gift is in honor of \_\_\_\_\_

This gift is in memory of \_\_\_\_\_

We will notify the honoree/family of this gift. Please provide name and address.

\_\_\_\_\_  
\_\_\_\_\_

AMOUNT OF GIFT

- Gold Sproul Associates \$5,000
- Blue Sproul Associates \$2,500
- Sproul Associates \$1,000
- Sather Gate Club \$500
- Carillon Club \$250
- Campanile Club \$100
- Other \_\_\_\_\_

METHOD OF PAYMENT

MY CHECK IS ENCLOSED

Please make checks payable to the UC Berkeley Foundation. In the memo section of your check indicate Berkeley Center for Theoretical Physics.

CREDIT CARD

Visa  MasterCard

Credit Card Billing Address

Same as above  Address given below

Street \_\_\_\_\_

City \_\_\_\_\_

State/ZIP \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date (mo/yr) \_\_\_\_\_

Signature \_\_\_\_\_

PLEDGE OPTION

I wish to pledge \$ \_\_\_\_\_ over \_\_\_\_\_ years and make payments:

Annually  Semi-annually  Quarterly

Enclosed is my first payment of \$ \_\_\_\_\_

Thank you for your support!

It is the policy of the University of California at Berkeley that not more than 6.5% of gifts and/or income there from will be used to defray the costs of raising and administering the funds. All gifts are tax-deductible as prescribed by law.