

PHILIP BRETT MEMORIAL PEACE GARDEN
DONATION FORM

Your Name _____ Date _____
Spouse's Name _____
Street Address _____
City _____ State _____ Zip _____
Home Telephone () _____
Business Telephone () _____
Employer Name _____
Job Title _____

I wish to make my gift of \$ _____ in support
of the Philip Brett Memorial Peace Garden.

- Check made payable to UC Riverside Foundation
 Pledge
 Credit Card

Credit Card Payment

Visa MasterCard Discover AMEX
Account _____ Expires _____
Signature _____

Pledge Commitment

I/We wish to irrevocably pledge \$ _____
over a _____ year period (not to exceed 5 years) with an
initial gift of \$ _____.

Please bill me in equal installments for the balance
 annually semi-annually quarterly monthly
beginning _____ and ending _____
(month/ year) (month/ year)

Signature _____

If your employer has a Matching Gift Program, please
include necessary forms.

- Please send me information about including
UCR in my will/living trust.

Please return this form with your tax-deductible
contribution to:

UC Riverside Foundation
120-A Highlander Hall
Riverside, CA 92521

0704

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