

RESPONSE CARD

Yes, I would like to become a member of the Center for the Art of Performance at UCLA. I understand I can allocate all, or a portion, of my membership to Design for Sharing, CAP UCLA's K-12 art education program. I have indicated my preference below.

General Membership:

- FRIEND \$100**
(\$70 is tax-deductible)
- ENTHUSIAST \$300**
(\$210 is tax-deductible)
- ADVOCATE \$500**
(\$380 is tax-deductible)
- PARTNER \$1,000**
(\$820 is tax-deductible)
- SUSTAINER \$1,250**
(\$1,010 is tax-deductible)

Artist Circle:

- PATRON \$2,500**
(\$2,188 is tax-deductible)
- BENEFACTOR \$5,000**
(\$4,688 is tax-deductible)
- CHAMPION \$10,000**
(\$9,688 is tax-deductible)
- GUARDIAN \$25,000**
(\$24,532 is tax-deductible)

I would like to allocate my support as follows:

CAP (Fund 5376) \$ _____

DFS (Fund 618730) \$ _____

Total contribution \$ _____

- For my convenience, I would like my gift to be paid in installments*
See reverse for details
- I would like to decline benefits and make my gift 100% tax-deductible
- My company will match my donation. Enclosed is my matching gift form.
- Estate Plan: Please send me information on how I can include UCLA in my estate plan.
- Gift of securities: Please contact the securities coordinator at (310) 752-1955 for transfer instructions.

Mail to the UCLA Foundation: PO Box 7145, Pasadena, CA 91109-9903
Fax to (310) 206-3843 Join online at cap.ucla.edu/support
For more information about General Membership please call (310)267-4463
For more information about Artist Circle Membership please call (310) 794-4033
For more information about disclosures: uclafoundation.org/disclosures

Check to UCLA Foundation American Express Master Card Visa

Contributions can also be made online at cap.ucla.edu/support

Name *as it appears on the card* _____

Card Number _____ Exp. Date _____

Signature _____

Name _____

As it should appear for recognition purposes

This is a joint gift with my spouse/partner.

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

PAYMENT PLAN

If you would like to make your gift over time, please check one from each of the following categories:

First payment: (select one)

Included

To be made: (month/year) _____

Payment Schedule: (select one)

One-time payment on: (month/year): _____

2 semi-annual payments

4 consecutive monthly payments

4 quarterly payments

For my convenience, please automatically deduct my pledge payments on the 15th of the month(s) in accordance with the payment schedule selected above from my credit card as provided.

Signature: _____

Date: _____

**Automatic Payment Plan Agreement: I hereby authorize The UCLA Foundation (Company I.D # 95-2250801) to initiate monthly debit entries for my remaining payments and (credit) adjustments for any debit entries in error to my designed credit card account. This authority is to remain in effect until the balance has been fulfilled or until the Bank receives written notification from me of its termination in such time and in such manner to afford the Bank reasonable opportunity to act.*