



## STAY CONNECTED

The CENTENNIAL Campaign for

UCLA

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### Please update my contact information to:

Mr.  Ms.  Mrs.  Dr. Name \_\_\_\_\_ UCLA class year \_\_\_\_\_

Name, if different, at graduation \_\_\_\_\_

Address \_\_\_\_\_  Home  Business

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  Mobile  Home  Business

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

Spouse/partner maiden name (if applicable) \_\_\_\_\_

Spouse/partner UCLA class year (if applicable) \_\_\_\_\_

I’m a parent of a UCLA undergraduate. Student(s) graduation year(s) \_\_\_\_\_

### UCLA CHANCELLOR’S SOCIETY GIVING LEVELS

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Chancellor’s Young Alumni Circle (0-4 years post-undergraduate graduation) \$250

Chancellor’s Young Alumni Circle (5-9 years post-undergraduate graduation) \$500

### ADDITIONAL WAYS TO GIVE

Estate Plan: Please send me information on how I can include UCLA in my estate plan.

Securities: Please contact me with detailed transfer instructions.

Matching gift: Make twice the impact by taking advantage of your corporate matching gift program!

Form enclosed  Form will be sent

**Automatic Payment Plan Agreement:** I hereby authorize The UCLA Foundation (Company ID #95-2250801) to initiate debit entries for my remaining payments and (credit) adjustments for any debit entries in error to my designated credit card account on the 15th of the month in accordance with the payment schedule selected on the front of this form. 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 manner to afford Bank reasonable opportunity to act.

Please review UCLA and The UCLA Foundation’s Disclosure Statement for Prospective Donors at [uclafoundation.org/disclosures](http://uclafoundation.org/disclosures) or contact the UCLA Fund at 310.794.2363. Please send payment and this completed form in the enclosed envelope to The UCLA Foundation, P.O. Box 7145, Pasadena, CA 91109-9903.