

Cheadle Center for Biodiversity and Ecological Restoration
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Yes, I would like to help the Cheadle Center for Biodiversity and Ecological Restoration

Name: Dr./Mr./Mrs./Ms. _____

How would you like to be listed on the donor plaque _____

ADDRESS INFORMATION (please indicate your preferred mailing address)

Home Address

Street _____
City _____ State __ ZIP _____
Home Phone (____) _____
Fax (____) _____
E-Mail _____

Business Address

Name of Business _____
Title/Position _____
Street _____
City _____ State __ ZIP _____
Business Phone (____) _____
Fax (____) _____
E-Mail _____

GIFT AMOUNT

- Join *Friends of CCBER** (\$35/year)
 Enclosed is my gift of \$ _____
 I wish to establish a pledge of \$ _____
Enclosed is my partial payment of \$ _____
Please bill me for the pledge balance
Beginning date _____
 Quarterly Semi-annually
 Matching Gift Employer _____
Matching Gift form is enclosed Yes No

GIFT DESIGNATION

- Please direct my gift where the need is greatest at the discretion of the Cheadle Center Director and Advisory Committee.
 Please restrict my gift to the following: _____

PAYMENT METHOD

- I enclosed a check payable to **UC Regents**
(**Friends of CCBER*, make checks payable to **UC Regents- Friends of CCBER**)
 Please charge \$ _____ now to my credit card VISA Mastercard
Account Number _____ Expiration Date _____
Signature _____

PLEASE TELL ME HOW I CAN

- Make a gift using securities
 Enjoy the benefits of estate planning
 Become a volunteer for the Center
 Include the Center in my will

Signature

Date

Thank you for your generous gift to the Cheadle Center for Biodiversity and Ecological Restoration.