

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. _____

ADDRESS INFORMATION (please indicate your preferred mailing address)

<input type="checkbox"/> Home Address	<input type="checkbox"/> Business Address
Street _____	Name of Business _____
City _____ State __ ZIP _____	Title/Position _____
Home Phone (____) _____	Street _____
Fax (____) _____	City _____ State __ ZIP _____
E-Mail _____	Business Phone (____) _____
	Fax (____) _____
	E-Mail _____

GIFT AMOUNT

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 have enclosed a check payable to UC Regents

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