

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