

2014  
2015

OLLI Chico  
Challenge



# Creating a Brighter OLLI

## Personal Information:

Name \_\_\_\_\_ Member ID # \_\_\_\_\_

Email \_\_\_\_\_ Daytime Phone \_\_\_\_\_

## Billing Address:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Home Address (If different from above):

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Your Gift:

Gift Amount:  \$250  \$100  \$50  \$25  Other \$ \_\_\_\_\_

I would like to schedule a **Recurring Gift**:  Yes Frequency:  Monthly  Quarterly (3 months)

Recurring Gift Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ # of Gift Payments \_\_\_\_\_

*Note: Gift Amount above will be charged as the first installment, and will be the amount charged for all subsequent payments.*

*Example: If you wish to make a \$100 gift in four monthly installments, select \$25 as your gift amount.*

I would like to make an additional donation to the **Prime Timers Reentry Scholarship** in the amount of: \$ \_\_\_\_\_

## Payment:

Check Enclosed, Payable to CSU, Chico University Foundation.

Charge My Credit Card:  VISA  MC  AX  DISCOVER

Card # \_\_\_\_\_

Exp. \_\_\_\_\_ 3- or 4-Digit Card Security Code: \_\_\_\_\_

## Mail Completed Form and Payment Information To:

OLLI Annual Fund  
California State University, Chico  
400 W. First Street  
Chico, CA 95929-0999

*Thank You*  
Every dollar brings us closer  
to our annual campaign goal.