



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.