
CAL POLY POMONA

ANNUAL FUND CAMPUS CAMPAIGN

My Information:

BRONCO ID _____

NAME _____ I prefer to remain anonymous.

COLLEGE/DIVISION/DEPARTMENT _____ OFFICE EXT. _____

HOME ADDRESS _____

PREFERRED PHONE NO. _____

CITY/STATE/ZIP CODE _____

PREFERRED EMAIL _____

(If you would like to split your designation between multiple areas, please call ext. 4970.)

Designate my contribution to:

DEPARTMENT/PROGRAM/SCHOLARSHIP _____

ACCOUNT NUMBER (IF KNOWN) _____

I. Payroll Deduction: (SIGNATURE REQUIRED)

Effective in the next pay period, deduct a total of \$_____ per pay period, and allocate my gift as directed above.

SIGNATURE _____

DATE _____

Please note: Payroll deductions are automatically renewed each July 1. The state of California cannot process one-time payroll deductions. Should you have questions regarding your deduction, please contact the Gift Processing Office at ext. 2914.

2. Outright Gift:

- Check for \$ _____ VISA MasterCard
 Cash \$ _____ Discover American Express
 Stock Transfer

3. Planned Gift:

- Please contact me regarding making a planned gift via real estate, life insurance, a bequest or a trust.

CARD NO. _____

EXP. DATE _____

SECURITY CODE (CVV) _____

SIGNATURE _____

Thank you for your gift!

Please contact Kayhan Ahmadi at ext. 4970 with any questions.

Please send this completed form to the Annual Fund department via intercampus mail, or scan and email to knahmadi@cpp.edu.

*If you do not check anonymous, your name will appear in the annual donor honor roll and perhaps other donor recognition lists.