

CALARTS GIFT FORM

1. Fill out this form and send with your preferred method of payment to:

CalArts Office of Advancement
Attn: Laura Riggen
24700 McBean Parkway
Valencia, CA 91355

2. Credit card gifts are also accepted by phone. Please call (661) 222-2745.

DONOR INFORMATION

Name: _____
(As it will appear in the annual report)

Alumni ID/SSN: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Email: _____

Home phone: _____

EMPLOYER INFORMATION

Employer name: _____

Title: _____

Address: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Work phone: _____

Please jointly credit my spouse/partner _____
for this gift

Please credit this gift anonymously

AFFILIATION (please select all that apply)

- Alumnus/a – Class Year: _____
 Current student Parent Faculty Staff Friend

GIFT DETAILS

Gift Amount: \$ _____

Type of gift: New gift Payment on an existing pledge

METHOD OF PAYMENT

Credit Card: Visa Mastercard American Express

Card number: _____ Exp. Date: _____

Check or money order (please mail to CalArts with this form)

GIFT DESIGNATIONS (please select all that apply)

Please select what program or school you would like your gift to support, if you have a preference. If more than one school/program is selected, your gift will be divided equally among the selected funds. If you would like to make other arrangements, please fill in the comments section in the “Special Instructions” area of this form.

- | | |
|---|---|
| <input type="checkbox"/> Unrestricted (area of greatest need) | <input type="checkbox"/> School of Critical Studies |
| <input type="checkbox"/> School of Film/Video | <input type="checkbox"/> CAP |
| <input type="checkbox"/> School of Art | <input type="checkbox"/> REDCAT |
| <input type="checkbox"/> School of Music | <input type="checkbox"/> Library |
| <input type="checkbox"/> School of Theater | Membership |
| <input type="checkbox"/> School of Dance | <input type="checkbox"/> Parents Council |
| | <input type="checkbox"/> REDCAT Circle |
| | <input type="checkbox"/> Friends of CalArts (FOCA) |
| <input type="checkbox"/> Other: _____ | |

MATCHING GIFTS

Many employers have matching gift programs that can double or even triple your gift to CalArts. Please contact your human resources department to find out if your company has a matching gift program. Matching gift forms can be mailed to:

CalArts Office of Advancement
24700 McBean Parkway
Valencia, CA 91355

My employer/spouse's employer will match my gift

Name of matching gift entity: _____

SPECIAL INSTRUCTIONS

My gift is in honor of: _____

My gift is in memory of: _____

Please mail a letter regarding my honorary/memorial gift on my behalf to the following person(s):

Name: _____

Address: _____

City: _____ State: _____

Postal code: _____ Country: _____

Email: _____

Daytime phone: _____

Additional Comments: _____

Thank you for your gift to CalArts!