



CLAIRE TREVOR SCHOOL OF THE ARTS
MEDICI CIRCLE
2018 PLEDGE FORM

Yes, I would like become a Medici Patron!

I would like to provide a life-changing opportunity for:

- 4 scholars** **3 scholars** **2 scholars** **1 scholar** **Other:**
\$8,000 **\$6,000** **\$4,000** **\$2,000** _____

I would like my gift to support scholars studying:

- Art** **Dance** **Drama** **Music** **No Preference**

Contact Information:

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____ Home Phone: _____ Mobile: _____

Payment Options: *(choose one)*

- Payment enclosed** (checks payable to "UCI Foundation")
 Please send me a pledge reminder to the above address
 I wish to make my gift in installments (VISA/MC/Discover/ AMEX):
•Auto-charge my card: \$_____ each Month Quarter Year *(max of 5 yrs)*
•Beginning ____ / ____ / ____ (MM/DD/YY)

Credit Card Information: This is a Personal Credit Card Business Credit Card

Name on Card: _____

Card Number: _____ Exp. Date: _____

- My billing address is same as above. My billing address is listed below:

Donor Signature: _____ **Date:** _____

Forms and payment may be mailed to:
UCI Claire Trevor School of the Arts, Office of Development, 213 Mesa Arts Building, Irvine, CA 92697-2775