TITAN ATHLETICS PLEDGE AND GIFT FORM

Name(s): _____

Signature(s): _____

Class Year(s) (if applicable): _____ Student Name(s) (if applicable): _____

I/We would like to support Titan Athletics with a gift of: $ _____

Please designate my gift to:

_____ Wrestling Fund (095995)

_____ Other (please specify): _____

Please charge my: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Credit Card Security Code (3 digits VISA / MC / DISCOVER; 4 digits AMEX): ☐☐☐☐

Name on Card: _____ Exp. Date: _____

Signature: _____

Checks should be made payable to **Cal State Fullerton Philanthropic Foundation (CSFPF)**.
Billing address must be provided if paying by credit card.
Our fiscal year runs July 1-June 30

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Home E-mail: _____ Work E-mail: _____

Place of Employment: _____ Title / Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Does your or your spouse's company match employee gifts? ☐ Yes ☐ No

Company Name(s): _____

Send me more information on how to make a gift using: ☐ Stock ☐ Planned Gift / Will

Any questions, please contact Pamela A. Jones-Tintle, Director of Development, Athletics at 657-278-4407, fax - 657-278-5396 or pjones@fullerton.edu
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