

# Hastings' Gift Pledge Form

Please fill out this form, then print it out and mail or fax it to make your pledge.

First Name

Last Name

Class Email

Address

Phone Number

Employer Name

Employer Address

Employer Phone Number

I will make a pledge of \$

My gift will be paid in one or more installments as follows:

\$ Month/Year

\$ Month/Year

\$ Month/Year

\$ Month/Year

\$ Month/Year

I choose to support Hastings College of the Law with a gift for the following purpose(s):

If you would like your pledge to be automatically charged to your credit card on the specified dates, please fill this portion out completely.

Visa  Master Card  AmEx  Discover

Credit Card #

Expiration Date

Name on card

*Signature*

Mail to: Hastings Annual Fund  
200 McAllister Street  
San Francisco, CA 94102-9870

FAX to: 415.581.8844 (credit card gifts) • Questions? Phone 415.565.4665

My/my spouse's/partner's employer will match this gift: Yes No

\_\_\_\_\_  
Employer Name City State

A matching gift form is enclosed.

A matching gift form will be sent later by my employer.

Recognition

My gift may be publicly acknowledged to encourage the support of others.

I wish my name to read as follows

I would like to designate my gift as anonymous.

Comments