

Hastings Class Campaigns/Reunion

First Name

Last Name

Class

Email

Address

Telephone

Method of Payment:

My check for \$ _____ is enclosed. (Please make check payable to Hastings College of the Law.)

Please charge my gift(s): VISA MasterCard American Express Discover

Card #

Exp. Date

Name as it appears on card

Amount to charge on credit 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 415-565-4621**

My gift is anonymous.

Please correct my name/address as noted.

My employer matches gifts.

My spouse's employer matches gifts.

Comments or updates