



DEPARTMENT OF CLASSICS
510/642-4218

BERKELEY, CALIFORNIA 94720-2520
FAX: 510/643-2959

**The Ronald S. Stroud Graduate Student Support Fund in Classics
Gift Remittance Form**

Name: _____ **Spouse/Partner Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Country: _____

Home Phone: (____) _____ **E-mail:** _____

Gift Amount: _____ \$1,500 _____ \$1,000 _____ \$500 _____ \$250 _____ \$100 _____ Other

- My check payable to The UC Berkeley Foundation is enclosed.
- I would like to charge my gift:

| | |
|---|------------|
| VISA () MASTER CARD () AMERICAN EXPRESS () | |
| Credit Card Number: | Exp. Date: |
| Signature | |

- I would like to pay my gift over time using the card above and this payment schedule:

| | |
|-----------------------|--|
| Total Pledge Amount : | Frequency: Monthly () Quarterly () |
| Payment Amount: | First payment date: |
| Number of payments: | |

- Please call me at (____)_____. I would like to make a gift of stock, securities, or a wire transfer.

Matching Gifts

Many companies match the charitable gifts of their employees, employees' spouses, and board members.

- Yes, my employer will match my gift. Company/Employer: _____
My employer's matching gift form is enclosed will be mailed to the address below.

Send this completed form along with your check or credit card information to:

Fund Administration, University Relations
University of California, Berkeley
2080 Addison Street
Berkeley, CA 94720-4200