



UCLA Athletics Development Membership Payment Form

WAF Staff Member: _____

Donor Name: _____ **Date:** _____
Advance ID#: _____ Address/Contact change? (Update on reverse)

1st Step
(If they are completing a current/past pledge)

Completing Pledge Record # _____ **to Fund #** _____, **Amount \$** _____

Payment Type: Check (payable to UCLA Foundation) Visa MasterCard AMEX Discover

Name on Card: _____ **Check #** (if applicable) _____

Credit Card # _____ **Exp Date:** _____

2nd Step
(For a new donation or new pledge)

Total Gift for Current Year is \$ _____

Fund Name & Number:

___ John R. Wooden Benefactor (625070)	(\$50,000 or more)
___ Director's Circle (615050)	(\$25,000-\$49,999)
___ Bruin Legends (615040)	(\$12,500-\$24,999)
___ Coaches Roundtable (5689)	(\$5,500-\$12,499)
___ Bruin All-American (615030)	(\$3,500-\$5,499)
___ Bruin All-Conference (6065)	(\$1,700-\$3,499)
___ Bruin Athletic Club (6064)	(\$850-\$1,699)
___ Bruin Bench (618640)	(\$350-\$849)
___ Bruin Varsity Club (616120)	(Former Student Athletes <u>ONLY</u>)
___ Bruin Booster (5705)	(\$100-\$349)
___ BAC Scholarship (3341)	(Gift Match)

Premium: Gifts to the Wooden Athletic Fund are tax deductible as provided by law. Any portion of the gift that is designated to Athletics and gives the right to purchase priority seating and/or parking at an athletic event is subject to IRS rules (IRC 170(l) and IRS Publication (526) which limits the tax deductible portion of that gift to 80% of the amount contributed. Gifts that receive absolutely no benefits may be deducted at 100%. Always advise donors to consult their tax advisor.

Benefited (80%) Non-Benefited (100%)

Is this a Joint Gift? (Check if Yes – otherwise, No)

3rd Step
(Payment information)

Payment Type: Check (payable to UCLA Foundation) Visa MasterCard AMEX Discover

Amount Paid Now \$ _____ **Name on Card:** _____

Check # (if applicable) _____ **Credit Card #** _____ **Exp Date:** _____

AUTO CHARGE (APP) (Available for gifts at \$850+ only; 25% due prior to June 30th; pledge must be completed by December 15th)

One payment in (month/year) _____ 2 semi-annual payments _____

4 consecutive payments _____ 4 quarterly payments _____

4th Step
(Additional information)

Special Requests or Notes:

CTO Code/CTO ID# _____