

Sustaining Membership Application

Your gift helps to sustain the Alumni Association's unique programs, services, information and resources to build meaningful connections and relationships among alumni, students, faculty, staff and friends of the University across generations and around the world.

Yes! I want to be a **Sustaining** or **Life Member*** of the University of Illinois Alumni Association with my gift of:

\$1,000 \$500 \$250 \$150 \$100 \$50 Other \$ _____

*A gift of \$50 or more earns you the designation Sustaining Member for one year from the date the contribution is recorded. Life Member designation is awarded upon achieving \$1,000 or more in cumulative gifts to Alumni Association-designated funds.

Please complete the following:

Name _____

Home Address _____

City _____

State _____

Zip _____

Home Phone # _____

E-mail _____

The following will help us to positively identify you.

Grad Year _____

College _____

Degree _____

This is a joint gift. Please also credit my spouse life partner, (Name) _____

My company or my spouse/life partner's company, _____, has a matching gift program that can double or triple this contribution.

My check is enclosed (payable to UIF/UIAA Membership)

Please charge my credit card: Visa MasterCard American Express Discover

Name as it Appears on Card _____

Credit Card # _____

3 or 4 Digit CID# (on reverse) _____

Exp. _____

Credit Card Billing Address (if different) _____

Signature _____

Your gift is tax-deductible as allowed by law.

Please make your gift using this form and mail to the address below. Or choose the "Make a Gift" link on the University of Illinois Alumni Association's Web site, www.uiaa.org/chicago.

UIAA Sustaining Membership
University of Illinois Foundation
Harker Hall, MC-386
1305 West Green Street
Urbana, IL 61801

Please share your updated business information with us here:

Employer _____

Title _____

Address _____

City _____

State _____

Zip _____

Phone _____

E-mail _____

(Joint Member)

Employer _____

Title _____

Address _____

City _____

State _____

Zip _____

Phone _____

E-mail _____

