



PLEDGE DONATION FORM Account #: _____

Check one: Renewal New Member UNLV Alum Parent Friend
Contact Name (if business): _____

Name: _____ Preferred Name: _____

Street / P.O. Box: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address: _____ Fax: _____

Spouse's Name: _____ Preferred Name: _____

Send athletics information to my e-mail address. DO NOT send information via e-mail

Personal Information:

Alum: Yes No Institution: _____

Graduation Year: _____

Letterwinner Sports: _____ Years: _____

Birth (month/day/year): _____

Personal Information for spouse:

Alum: Yes No Institution: _____

Graduation Year: _____

Letterwinner Sports: _____ Years: _____

Birth (month/day/year): _____

WE NEED YOUR HELP: IF YOU ARE A RAF MEMBER, PLEASE SHARE WITH FRIENDS & FAMILY

GIFT INFORMATION (see benefits chart on opposite page)

Referred by: _____

Pledge for: _____ (years): \$ _____

Payment (Payable to: UNLV Foundation/RAF) Amount Paid \$ _____

Check # _____ Payroll deduction

AmEx Discover Visa MasterCard Vin# _____

Credit Card # _____ exp. _____

Cardholder's Name _____

Signature _____

Send UNLV Payroll Deduction Form to begin or increase payroll deduction.

Matching Gift Form enclosed.

Company: _____



Rebel Athletic Fund
4505 Maryland Parkway
Box 450030
Las Vegas, NV 89154-0030

www.unlvraf.com
(702) 895-1533
Fax: (702) 895-3079
rebelathleticfund@unlv.edu