



## *El Instituto: Institute of Latina/o, Caribbean and Latin American Studies*

Name: \_\_\_\_\_  
 Name(s) of individual(s) or entity responsible for payment

Home Phone: \_\_\_\_\_  
 Is this a cellular phone  Yes  No

Address: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

My partner/spouse should receive joint credit for this gift.

### Designation of Your Gift (Required)

**FIEIZ3**

- |  |                      |
|--|----------------------|
| <input type="checkbox"/> <b>Robert G. Mead, Jr. Fellowship Fund (30479)</b>  | <b>Amount:</b> _____ |
| <input type="checkbox"/> <b>Robert G. Mead, Jr. Lecture Series Fund (30753)</b>  | <b>Amount:</b> _____ |
| <input type="checkbox"/> <b>Elizabeth Mahan Fund for Graduate Studies in Latin American and Latino Studies (31303)</b> | <b>Amount:</b> _____ |
| <input type="checkbox"/> <b>Whetten Latin American Studies Fund (30263)</b>  | <b>Amount:</b> _____ |
| <input type="checkbox"/> <b>Dr. Paul B. Goodwin, Jr. Endowed Study Abroad Scholarship (31187)</b>                      | <b>Amount:</b> _____ |
| <input type="checkbox"/> <b>Crystal Molina Memorial Scholarship (31212)</b>  | <b>Amount:</b> _____ |

### Method of Payment (Required)

1. **CHECK** in the amount of \$ \_\_\_\_\_ is enclosed. (Made payable to: The University of Connecticut Foundation, Inc.)

2. **CHARGE MY DEBIT/CREDIT CARD** for a total of \$ \_\_\_\_\_

**OR BECOME A SUSTAINING DONOR** – Begin monthly recurring gifts using your credit card or debit card.

Monthly Payment Amount:  \$10  \$15  \$20  \$25  Other \_\_\_\_\_

**Payment Authorization** – As specified above, I authorize the University of Connecticut Foundation to charge my:

- VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

Duration:  One Year  Continuous until I ask the UConn Foundation to make a change

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ Code\* \_\_\_\_\_

\*the last 3 or 4 digit number on the back of card/ front right for AMEX.

**Required Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Additional Information

- I wish for my/our gift to remain anonymous.
- I have made a provision for UConn in my estate plans.
- My partner/spouse is an UConn alumnus/a.

Name: \_\_\_\_\_ Year: \_\_\_\_\_ School/College: \_\_\_\_\_

- This gift is being made in honor of: \_\_\_\_\_  
Send notification to: \_\_\_\_\_

- Do you have any relatives who have graduated from UConn?

Name: \_\_\_\_\_ Year: \_\_\_\_\_ School/College: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Business Information

Company: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

- My spouse/partner's employer will match my/our gift – please enclose the matching gift form.  
To learn if your spouse/partner's employer matches gifts made to UConn go to [www.matchinggifts.com/uconn](http://www.matchinggifts.com/uconn).

### Ways to Give

**Checks Payable to:** The University of Connecticut Foundation, Inc.

**Credit Card:** Gift Line @ 800.269.9965 or 860.486.5000  
Online: [www.foundation.uconn.edu](http://www.foundation.uconn.edu)

**Securities:** To make a gift of stock please call: 860.486.2965

**Return to:** The University of Connecticut Foundation, Inc.  
ATTN: Annual Giving  
2390 Alumni Drive, Unit 3206  
Storrs, CT 06269-3206

*Thank You!*

Your gift will be received by The University of Connecticut Foundation, Inc., a Connecticut non-profit and a 501(c)(3) tax exempt organization that exclusively benefits UConn. Expendable contributions are subject to certain administrative fees that support Foundation operating expenses and other priorities determined by the University unit receiving the gift. Donors have the right to request that gifts remain anonymous. You may contact us or obtain a copy of our financial report at 2390 Alumni Drive, U-3206, Storrs, CT 06269, 800-269-9965, or [www.foundation.uconn.edu](http://www.foundation.uconn.edu). The Foundation is registered to solicit charitable contributions with the appropriate governing authorities in all states requiring registration. **REGISTRATION WITH A STATE AGENCY DOES NOT CONSTITUTE OR IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.**

Residents of the following states may obtain information as indicated: **CA:** Official registration and financial information can be obtained from the Attorney General's Web site at <http://caag.state.ca.us/charities/>. Registration does not imply endorsement. **MD:** A copy of the current financial statement is available on request. Documents and information submitted under the MD Charitable Solicitations Act are available, for the cost of copies and postage, from the Secretary of State, State House, Annapolis MD 21401, 1-410-974-5534 (1-800-825-4510 in MD). **NJ:** INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION AND THE PERCENTAGE OF CONTRIBUTION RECEIVED BY THE CHARITY DURING THE LAST REPORTING PERIOD THAT WERE DEDICATED TO THE CHARITABLE PURPOSE MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING (973) 504-6215 AND IS AVAILABLE ON THE INTERNET AT [www.nj.gov/oag/ca/ocp/charities.htm](http://www.nj.gov/oag/ca/ocp/charities.htm). REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT. **NY:** NY residents may obtain a copy of our annual report by writing to the Office of the Attorney General, Department of Law, Charities Bureau, 120 Broadway, New York NY 10271. **WA:** This organization is currently registered with the WA Secretary of State as required by law. Registration number: 24291. Obtain additional financial disclosure information by contacting the Secretary at 1-800-332-4483. **WV:** WV residents may obtain a summary of the registration and financial documents from the Secretary of State, State Capitol, Charleston, WV 25305. Registration does not imply endorsement.