

Your contact information:

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|------------------------------------|--|
| Name: | |
| EAP year/city/ country: | |
| Street: | |
| City/State/Zip: | |
| Phone: | |
| Email: | |

For more information, contact Sudi Staub 805-893-2190 or sudi.staub@ia.ucsb.edu.

Please check the appropriate boxes:

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| <input type="checkbox"/> | Tax-deductible donation to the EAP Scholarship Fund <input type="checkbox"/> I am enclosing a check for \$_____ (payable to the UC Regents). <input type="checkbox"/> Credit Card (MC, Visa, Amex, Discover): # _____ Exp. _____ Name on card: _____ Name of donor(s): _____ <input type="checkbox"/> I would like to be listed as Anonymous . |
| <input type="checkbox"/> | Pledge: I pledge to make a (multi-year) gift of \$_____ (yr) beginning on _____. |
| <input type="checkbox"/> | Please update my contact details. |
| <input type="checkbox"/> | Please remove me from your mailing list. |

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