



YES! I WOULD LIKE TO SUPPORT THE HUBBS-SEAWORLD RESEARCH INSTITUTE

I wish to make these donations to Hubbs-SeaWorld Research Institute according to the following schedule:

GIFT TYPE	GIFT AMOUNT	GIFT FULFILLMENT
PERSONAL GIFT FY19 (Unrestricted)	\$ _____	Immediate _____ Pledge _____
CENTER OF EXCELLENCE IN MARINE AQUACULTURE Comprehensive Campaign (3 to 5 Year Pledge)	\$ _____	Immediate _____ Pledge _____
EMPLOYER MATCH PROGRAM: (We can help you discover this opportunity)	\$ _____ % _____	

I will introduce the following Major Gift Candidates to HSWRI, and participate in the relationship process.

1. _____
2. _____
3. _____

I will introduce the following Board of Trustee Candidates to HSWRI, and participate in the relationship process.

1. _____
2. _____

I'm interested in participating on the following fundraising committee(s).

1. Major Gifts _____
2. Board Development / Retention _____
3. Donor Relations & Events, California _____
4. Donor Relations & Events, Florida _____

IN HOME HOSTING OPPORTUNITY

I would like to host a donor engagement event in my (or friends) home _____

➤ Best month(s) 1. _____ 2. _____

IN KIND CONTRIBUTIONS

I would like to offer a gift for an event auction / raffle _____

I would like to offer in-kind goods and / or services _____

LEGACY GIFTS

I would like to learn more about facility / program naming opportunities _____

PLANNED GIVING

I would like to learn more about Planned Giving opportunities _____

➤ Bequests and Estate Gifts, Gift Annuities, Remainder Trusts, Lead Trusts, Donor Advised Funds, etc.

VOLUNTEER OPPORTUNITIES

I would like to learn more about volunteer opportunities _____



Trustee Pledge / Payment form

Name: _____

Address: _____

City, St., Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Method of Payment:

☐ Please invoice me for: \$_____

(Written) _____ dollars

☐ Check, make payable to **Hubbs-SeaWorld Research Institute**

☐ Charge entire amount

☐ Installments - payable on _____ of each _____ until fulfilled.

☐ Visa ☐ MasterCard ☐ American Express

☐ Charge my card date: ____/____/____ (If one time charge only)

Credit Card #: _____ CVV _____ Expiration date: ____/____/____

Signature: _____ Today's Date: _____
(Signature authorizes credit card use)

If making an In-Kind donation or have additional questions, please feel free to contact me directly:

Chris Larkin, Director of Development

HUBBS-SEAWORLD RESEARCH INSTITUTE

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All donations to the Hubbs SeaWorld Research Institute are tax-deductible, as provided by law.

Please consult your tax professional for confirmation of your gift as deductible.

HSWRI Tax ID number is: 95-2304740