



Membership Pledge Form

I wish to join the USC Associates at the following level:

- Chairman:** \$300,000 (payable within 5 years)
plus \$3,000 required annual contribution to the USC Associates
- Presidential:** \$150,000 (payable within 5 years)
plus \$1,500 required annual contribution to the USC Associates
- Provost:** \$50,000 (payable within 5 years)
plus \$500 required annual contribution to the USC Associates
- Junior** (members ages 35 and younger):
\$2,500 annually

Please direct my gift to the following area(s):

- General Endowment**
- USC School of** _____
- Other** _____

Payment information:

- My check in the amount of \$ _____ (including my annual contribution to the USC Associates) payable to USC is enclosed.
- Please charge \$ _____ to my Visa MasterCard Discover card.

Credit Card Number

Expiration Date

Member information:

Name _____

Home Address _____
Street City State Zip

Home phone _____ E-mail Address _____

Birthday _____ Spouse's Name _____

Company Name _____ Title _____

Company Address _____
Street City State Zip

Preferred Mailing Address: Home Business

Signature _____ Date _____

Please return this form to:

The USC Associates Office

University of Southern California
Bovard Administration, 252A
3551 Trousdale Parkway
Los Angeles CA 90089-0013

Phone: 213-740-8722 E-mail: USCAssociates@usc.edu

Online: www.usc.edu/associates