## CSUSB Retirees Association Membership Application (Please Print)

Name	
Spouse / Partner Name	
Mailing Address	
City, State, Zip	
Phone	
Email Address	
Former	Staff Faculty
Year Started	Year Retired
Department	
Donation For Retirees Scholarship	
Amount \$	
Payment Information	
Check, payable to CSUSB Philanthropic Foundation	
Please charge my	
VISA Discover	Card Mastercard AMEX
Credit Card #	
Exp. Date	
Print name as it appears on card	
Signature	

Donations to the Retirees Endowed Scholarship Fund are tax-deductible as allowed by law.

Return application and payment to: