

# DREAM WIN it!

## Intent to Donate

---

Pledge Total \_\_\_\_\_

Business (If Applicable) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cellular Phone \_\_\_\_\_ Business Telephone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Donor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

ALL DONATIONS ARE TAX DEDUCTIBLE:

Tax ID#: 94-6003272

Make checks payable to:  
Mail to:

**Lyles Center for Innovation and Entrepreneurship**  
**c/o Dream It Win It! \$25K Student BPlan Competition**  
**5010 N. Woodrow Avenue M/S WC142**  
**California State University, Fresno**  
**Fresno, CA 93740**  
**(559) 294-2045**

