

## Patricia Mokhtarian Fund for Travel Behavior

Gifts to the **Pat Mokhtarian Fund** will support travel, to UC Davis and internationally, for the winner of the annual TRB Ryuichi Kitamura Paper Award, to provide a greater opportunity for intellectual exchange. The fund honors the enduring contributions to travel behavior research and education of Pat Mokhtarian, who retired from UC Davis in June 2013. We welcome all who wish to join in supporting the fund.

## Yes, I/we want to support the Pat Mokhtarian Fund: Pledge: Please record my/our total pledge of \$ made payable to the UC Davis Foundation. I/We wish to pay this pledge over: 1 year 2 years 3 years 4 years 5 years As an initial payment on this pledge, I/we are enclosing \$ made payable to the **UC Davis Foundation** *OR* I/we would like to make pledge payments of \$ beginning \_\_\_\_ (please indicate month and year). Please send pledge payment reminders as follows: Annually Semi-Annually Quarterly One-time gift in the amount of: **\$\_\_\_** \$5,000 \$1,000 \$500 □ \$100 I'd like to make my/our gift in the following way: Check: Enclosed is my/our check in the amount of \$\_\_\_\_\_ made payable to the UC Davis Foundation. ☐ Charge: Charge \$ to my: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover Credit Card Number: \_\_\_\_\_ Name on Card: Expiration Date: \_\_\_\_\_ Signature(s): Date: I have enclosed a matching gift form. (Visit www.matchinggifts.com/ucdavis to see if you employer has a matching gift program. If your employer will match your gift, please enclose a matching gift form or email us at www.matchinggifts.com/ucdavis for assistance). Please contact me with information about a planned gift, or a gift of stock or real property. Name(s): \_\_\_\_\_ ☐ Home ☐ Business Preferred Address: City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ I/We wish to be listed in the following way in all donor recognition materials (such as honor rolls) relating to this gift. Please print name(s): ☐ I/We wish to remain anonymous to the extent allowed by law.

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