



Please accept my/our gift in the amount of

\$ 10,000 \$ 5,000 \$ 2,500 \$ 1,000 \$ 500 \$ 250 Other Amount \$ _____

Name: _____

Address: _____

HOME WORK

Phone: _____ Email: _____

HOME WORK

HOME WORK

This is a joint gift. Spouse/Partner Name: _____

This gift is to be anonymous

TO SUPPORT:

- Center for East-West Medicine General Support (606950)
- Center for East-West Medicine Panda Education and Training Fund (644530)
- Global Perspectives of Integrative Medicine Education Program (639550)
- Shirley Hui Memorial Fund (622680)

METHOD OF PAYMENT: I prefer to pay by:

- Check:** Please make check payable to the UCLA Foundation
- Credit Card:** Visa MasterCard American Express Discover
- Matching Gift:** In addition to my personal gift, I have enclosed a matching gift form

Credit card #: _____ Expiration (mm/yy): _____

Name on card: (PLEASE PRINT) _____ Amount to be charged now: \$ _____

ADDITIONAL WAYS TO GIVE:

Online: <https://giving.ucla.edu/Standard/NetDonate.aspx?SiteNum=639>

Securities: Please contact the securities coordinator at (310) 794-3434 for detailed transfer instructions.

Please mail this form along with your check (if applicable) to the CEWM Administrative Office:

UCLA Center for East-West Medicine

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Santa Monica, CA 90404
Email: cewm@mednet.ucla.edu