



I AM PLEASED TO SUPPORT THE UCLA CENTER FOR HUMAN NUTRITION (630640) IN THE AMOUNT OF:

Amount options: \$25,000, \$10,000, \$5,000, \$1,000, Other: _____

DONOR INFORMATION

Name: (PLEASE PRINT) _____

Address: _____

HOME OFFICE

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Preferred Email: _____

Joint gift checkbox and Spouse/Partner's Name: _____

Anonymous gift checkbox

METHOD OF PAYMENT

Check checkbox: Enclosed is a check payable to THE UCLA FOUNDATION in the amount of \$ _____

Charge checkbox: \$ _____ to my VISA MasterCard American Express Discover

Card Number: _____ Exp. Date: _____

Name on Card: (PLEASE PRINT) _____

Signature: _____

ADDITIONAL WAYS TO GIVE:

- Employer match checkbox
Please send me information on how I can include UCLA Health Sciences in my estate plans.

For gift of securities, please contact the securities coordinator at (310) 794-3434 for detailed transfer instructions.

PLEASE SUBMIT THIS FORM WITH YOUR CONTRIBUTION TO:

UCLA Health Sciences Development
Attn: Laurel Zeno, Executive Director
10889 Wilshire Blvd., Suite 1200
Los Angeles, CA 90024

Questions? Contact Laurel Zeno at (310) 825-1980 or lzeno@support.ucla.edu.

