

UCLA Stein Eye Institute

CONTRIBUTING TO A LIFETIME OF GOOD VISION

I am pleased to support the UCLA Stein Eye Institute.

- Gift Designation:** Highest priority for the Stein Eye Institute (unrestricted program support – fund #55610)
 Other specialty, area of interest, or physician: _____

Enclosed is my tax-deductible contribution of:

- \$1,000 \$500 \$250 \$100
 Other \$ _____

- Check enclosed payable to *The UC Regents*.
The UC Regents Tax ID is 95-6006143.

- VISA MasterCard
 American Express Discover

Card Number: _____

Exp. Date: _____

Name on card (*please print*):

Signature:

- My employer has a matching gift program.
My matching gift form is enclosed.
- Please send me information on how I may include
the UCLA Stein Eye Institute in my estate plans.
- I have included the UCLA Stein Eye Institute in my
estate plans.

Contact Information:

UCLA Stein Eye Institute
c/o Development Office
100 Stein Plaza, Ste1-124
Los Angeles, California 90095
Tel: (310) 206-6035 • Fax: (310) 794-1665

Please review UCLA and The UCLA Foundation's
Disclosure Statements for Prospective Donors at
www.uclafoundation.org/disclosures
or contact the Development Office listed on this form.

Donor Name (*please print*):

- This is a joint gift. Spouse/Partner's Name:

Preferred address: Home Business

City: _____ State: _____

Zip: _____

Preferred Phone: _____

Preferred Email: _____

- This is an anonymous gift.

M-2376

For Tribute Gifts Only:

- In honor of In memory of In appreciation of

Name: _____

Occasion/Message (*optional*): _____

Please Notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

If you do not wish to receive further fundraising information from
UCLA Health Sciences, please either call us at 855-364-6945 or
email us at OptOutUCLAHSD@support.ucla.edu

Thank You for Your Support of the UCLA Stein Eye Institute