



VATCHE AND TAMAR MANOUKIAN DIVISION OF DIGESTIVE DISEASES GIFT AND PLEDGE FORM

Fund: 40126 - Digestive Diseases Administration - Gitnick - Department Support

I am/We are happy to provide our annual commitment for the wonderful work of the Vatche and Tamar Manoukian Division of Digestive Diseases. Please find enclosed the amount of \$_____ for unrestricted support of the Division's highest priorities. See giving levels below.

- Supporter (Up to \$4,999) Partner (\$5,000 - \$24,999) Sponsor (\$25,000 - \$49,999) Patron (\$50,000 - \$99,999) Benefactor (\$100,000+)

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

Method of Payment: I prefer to pay by:

- Check: Please make check payable to The UC Regents
Credit Card (check one): VISA MasterCard American Express Discover
Credit Card #: _____ Exp. Date (mm/yy): _____
Name on card (please print): _____
Amount to be charged now: \$ _____

PLEDGE OPTION ONLY

To make your gift over an extended period of time, complete the applicable section(s) below:

Form containing pledge options: First Payment or One-Time payment, Payment schedule for balance owed (2 semi-annual payments, 4 consecutive monthly payments, 4 quarterly payments), and a checkbox for deducting payments from a credit card.

Signature: _____ Date: _____

Mailing address (preferred): Home Business
Company (if applicable) _____
Address _____
City, State, Zip _____
Phone _____ Fax _____
Email _____

Billing address (required if different from the mailing address above):

Address _____

City, State, Zip _____

Yes, you can publish my/our name in your list of philanthropic supporters for your newsletter.

Please list us as _____

No, I wish to remain completely anonymous. Do not use my name.

Additional ways to give:

Matching gift – In addition to my personal gift, I have enclosed a matching gift form from my company.

Securities (Please contact Laurel Zeno, Senior Director of Development for the Vatche and Tamar Manoukian Division of Digestive Diseases, at (310) 825-1980 on information about how to transfer securities.)

Endowment Opportunities – I would be interested in information about establishing a gift that would benefit the Vatche and Tamar Manoukian Division of Digestive Diseases in perpetuity.

Estate Plan – Please send me information on how I can include UCLA in my estate plan.

I would like to receive the Vatche and Tamar Manoukian Division of Digestive Diseases newsletter.

For questions, please contact:

Laurel Zeno, Senior Director of Development,
Vatche and Tamar Manoukian Division of Digestive Diseases
(310) 825-1980 or lzeno@support.ucla.edu

PLEASE MAIL YOUR COMPLETED FORM TO:

Laurel Zeno, Senior Director of Development
Vatche and Tamar Manoukian Division of Digestive Diseases
100 UCLA Medical Plaza, Ste 265
BOX 957018
Los Angeles, CA 90095-7018

Thank you for your support of the Vatche and Tamar Manoukian Division of Digestive Diseases.

Please review the UCLA Disclosure Statements for Prospective Donors at www.ucla.foundation.org/disclosures or contact the development office listed on this form.

I hereby authorize The Regents of the University of California for the benefit of UCLA to initiate monthly debit entries for my remaining payments and (credit) adjustments for any debit entries in error to my designated credit card account. This authority is to remain in effect until the balance has been fulfilled or until the Bank receives written notification from me of its termination in such time and in such manner to afford the Bank reasonable opportunity to act.

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, providing your name, address, phone number and from which department you are requesting to be removed.