



I AM PLEASED TO SUPPORT UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY IN THE AMOUNT OF:

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 \$10,000
 \$5,000
 \$1,000
 \$500
 \$100
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 Other: _____

Please direct my gift to the following: Chairman's Priorities (619740)

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METHOD OF PAYMENT

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Giving online at <http://giving.ucla.edu/orthopaedicsurgery>

My employer has a matching gift program. My matching gift form is enclosed.

Please send me information on how I can include UCLA Department of Orthopaedic Surgery in my estate plans.

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FOR TRIBUTE GIFTS ONLY

THIS GIFT IS: IN HONOR OF IN MEMORY OF IN APPRECIATION OF

Name: _____

Occasion (if any): _____

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PLEASE SUBMIT THIS FORM WITH YOUR CONTRIBUTION TO:

Jenn Brown, Director of Development

10945 Le Conte Avenue, Suite 3132 • Los Angeles, California 90095

jbrown@support.ucla.edu • (310) 206-2435

• THANK YOU FOR SUPPORTING THE UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY •

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