



I AM PLEASED TO SUPPORT THE UCLA DIVISION OF NEPHROLOGY IN THE AMOUNT OF:

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

DONOR INFORMATION

Name: (PLEASE PRINT) _____

Address: _____

HOME OFFICE

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Preferred Email: _____

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

This is an anonymous gift.

METHOD OF PAYMENT

Check enclosed payable to **THE UCLA FOUNDATION**

VISA MasterCard American Express Discover

Card Number: _____ Exp. Date: _____

Name on Card: (PLEASE PRINT) _____

Signature: _____

FOR TRIBUTE GIFTS ONLY

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

Name: _____

Occasion (if any): _____

Please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

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

I have included UCLA Health Sciences in my
estate plans.

PLEASE SUBMIT THIS FORM WITH YOUR CONTRIBUTION TO:

UCLA Health Sciences Development

Attn: Heidi Saravia

10889 Wilshire Blvd., Suite 1200 • Los Angeles, California 90024

hsaravia@support.ucla.edu



• **THANK YOU FOR SUPPORTING UCLA DIVISION OF NEPHROLOGY** •

TO VIEW UCLA'S DISCLOSURE STATEMENTS AND PRIVACY NOTICE FOR DONORS, VISIT WWW.UCLAFOUNDATION.ORG/DISCLOSURES. **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 OPTOUTUCLAHS@SUPPORT.UCLA.EDU.**