

I AM PLEASED TO SUPPORT THE OBGYN ADVANCEMENT FUND (64255C) WITH A TAX-DEDUCTIBLE GIFT IN THE AMOUNT OF: _____

DONOR INFORMATION

Name: (PLEASE PRINT) _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Preferred Email: _____

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

This is an anonymous gift.

METHOD OF PAYMENT

Check: Enclosed is a check payable to THE UCLA FOUNDATION

Please charge a one-time gift to: VISA Mastercard American Express Discover

Card Number: _____ Exp. Date: _____

Name on Card: (PLEASE PRINT) _____

Signature: _____

ADDITIONAL WAYS TO GIVE:

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

Securities: Please send me information on how I can make a gift of securities.

Endowment Opportunities: I am interested in information about establishing an endowment to benefit the OBGYN Advancement Fund.

Estate Plan: Please send me information on how I can include the OBGYN Advancement Fund in my estate plans.

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: _____

PLEASE MAIL YOUR DONATION AND THIS FORM TO:

The UCLA Foundation
PO Box 7145
Pasadena, CA 91109-9903

For questions, please contact:

Gemma Badini
Senior Director of Development
gbadini@mednet.ucla.edu
(310) 206-9235



SHOULD THIS FUND REACH THE CAMPUS MINIMUM REQUIRED FOR THE ESTABLISHMENT OF AN ENDOWMENT OR QUASI-ENDOWMENT, THE UCLA FOUNDATION RESERVES THE RIGHT TO CONVERT THIS FUND TO AN ENDOWMENT OR QUASI-ENDOWMENT. PLEASE REVIEW UCLA AND THE UCLA FOUNDATION'S DISCLOSURE STATEMENTS FOR PROSPECTIVE DONORS AND TO LEARN MORE ABOUT HOW THE UCLA FOUNDATION INVESTS AND MANAGES ITS ENDOWMENTS WWW.UCLAFOUNDATION.ORG/DISCLOSURES. **IF YOU DO NOT WISH TO RECEIVE FURTHER FUNDRAISING INFORMATION FROM UCLA HEALTH SCIENCES, PLEASE CALL (855) 364-6945 OR EMAIL HSD_OPTOUTUCLA@MEDNET.UCLA.EDU**

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