I AM PLEASED TO SUPPORT THE UCLA CENTER FOR HUMAN NUTRITION (630640) IN THE AMOUNT OF:

□ \$25,000 □ \$10,000 □ \$5,000 □	□ \$1,000 □ Other:		
DONOR INFORMATION			
Name: (PLEASE PRINT)			
Address:			
City:	State		E 🗖 OFFICE
City.	State	Ζιρ	
Preferred Phone:	_ Preferred Email:		
☐ This is a joint gift. Spouse/Partner's Name:			
☐ This is an anonymous gift.			
METHOD OF PAYMENT			
☐ Check: Enclosed is a check payable to THE UC	LA FOUNDATION in the am	ount of \$	
☐ Charge: \$to	my 🗖 VISA 🗖 MasterCard	d ☐ American Express ☐ Dis	scover
Card Number:		Exp. Date:	
Name on Card: (PLEASE PRINT)			
(12) SET (12) SET (14)			
Signature:			
ADDITIONAL WAYS TO GIVE:			
☐ My employer will match my gift. The form is en	nclosed.		
☐ Please send me information on how I can incluin my estate plans.	de UCLA Health Sciences		
For gift of securities, please contact the securities	s coordinator at	THANK YOU	
(310) 794-3434 for detailed transfer instructions.		FOR YOUR SUPPORT!	
PLEASE SUBMIT THIS FORM WITH YOUR CONTRIB	UTION TO:	SUPPORT:	

UCLA Health Sciences Development Attn: Laurel Zeno, Executive Director 10889 Wilshire Blvd., Suite 1200 Los Angeles, CA 90024

Questions? Contact Laurel Zeno at (310) 825-1980 or Izeno@support.ucla.edu.

TO VIEW UCLA'S DISCLOSURE STATEMENTS AND PRIVACY NOTICE FOR DONORS, VISIT WWW.UCLAFOUNDATION.ORG/DISCLOSURES. IN COMPLIANCE WITH THE CHARITABLE SOLICITATION ORDINANCE IN THE CITY OF LOS ANGELES (L.A. MUNICIPAL CODE ARTICLE 4, SECTION 44), THE UCLA FOUNDATION'S PERMIT IS ON FILE WITH THE CITY OF LOS ANGELES. 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.