

## Kidney Transplantation and Exchange Program:

### GIFT and PLEDGE FORM

Thank you for your gift. You may print and complete this form.

**Making my donation:**

I am pleased to support the UCLA Kidney Transplantation and Exchange Program:

\$100    \$250    \$500    \$1,000    \$2,500    \$5,000    Other \$ \_\_\_\_\_ (*\$25 minimum*)

I want to make a gift now.

I want to make a pledge (*\$250 minimum*) and pay the above amount    annually    semi-annually    quarterly

My pledge will be paid in    one year    two years    three years

I want to make a bequest and would like the Department to call me.

This is a joint gift. Spouse/Partner name \_\_\_\_\_

This gift is    In honor of    In memory of \_\_\_\_\_

If we do not have notification information in our files for the honoree(s) or family member(s), we will be contacting you; otherwise, notification will be sent immediately upon receipt of your contribution.

**Donor Information:**

Title/Full Name \_\_\_\_\_

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Company Name (*if applicable*) \_\_\_\_\_

Address, City, State Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

If you are a UCLA alumnus: Degree \_\_\_\_\_ Class year \_\_\_\_\_

**Method of Payment:**

**Check:** Please make check payable to: The UCLA Foundation

**Credit Card:**    VISA    MasterCard    American Express    Discover

Credit card # \_\_\_\_\_ Expiration date (*mm/yy*) \_\_\_\_\_

Name on card (*please print*) \_\_\_\_\_

**I am also interested in:**    Endowment Opportunities    Estate Planning Information    Volunteer Opportunities

I would like to receive the UCLA Clark Urological Center newsletters:

**Please mail or fax your completed form to: UCLA Department of Urology Development Office**

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*Thank you for supporting the  
Kidney Transplantation and Exchange Program!*

**DISCLOSURE STATEMENTS TO PROSPECTIVE DONORS**

Please review UCLA and The UCLA Foundation's Disclosure Statements for Prospective Donors at [www.uclafoundation.org/disclosures](http://www.uclafoundation.org/disclosures) or contact the development officer listed on this form. Opt-Out: If you do not want to receive further fund-raising communications from the UCLA Department of Urology, please contact:

Kira Baccari, c/o UCLA Medical Sciences Development,

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