

**I AM PLEASED TO SUPPORT THE ARLINE AND HENRY GLUCK STROKE RESCUE PROGRAM
IN HONOR OF WALLY GHURABI, M.D.**

Please direct my gift to: Stroke Rescue Program Fund (635470)

DONOR INFORMATION

Name: (PLEASE PRINT) _____

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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 in the amount of: \$ _____

Charge \$ _____ to my VISA MasterCard American Express Discover

Card Number: _____ Exp. Date: _____

Name on Card: (PLEASE PRINT) _____

Signature: _____

Employer matching gift program:

I am enclosing the necessary forms.

My employer will mail a separate form.

**Gifts of \$25,000 or more will be recognized on a garden path
paver stone within the Ghurabi Garden.**



PLEASE SUBMIT THIS FORM WITH YOUR CONTRIBUTION TO:

UCLA Health Sciences Development

Attn: Ellen Haddigan-Durgun

10945 Le Conte Avenue, Suite 3132

Los Angeles, California 90095-1784

Questions? Contact Ellen Haddigan-Durgun at (310) 206-3878 or ehaddigan@support.ucla.edu

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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

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THE UCLA FOUNDATION'S PERMIT IS ON FILE WITH THE CITY OF LOS ANGELES.