

Please accept my/our gift in the amount of

☐ \$ 10,000 ☐ \$ 5,000 ☐ \$2,500 ☐ \$1,000 ☐ \$ 500 ☐ \$250 ☐ Other Amount \$ _____

Name: _____

Address: _____

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Phone: _____ Email: _____

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

☐ This gift is to be anonymous

TO SUPPORT:

☐ The Ka-Kit Hui Legacy Fund (11671C)

☐ Clinical, Research and Education Fund under Dr. Edward Hui (13941C)

☐ East-West Integrative Medicine Fellowship Training Fund under Dr. Katie Hu (64307C)

☐ International and Community Engagement Fund (63955C)

☐ The Tellis Family Integrative Adolescent Health Program (15161C)

☐ Shirley Hui Memorial Fund (62268C)

METHOD OF PAYMENT: I prefer to pay by:

Check: Please make check payable to the UCLA Foundation ☐

Credit Card: ☐ Visa ☐ MC ☐ American Express ☐ Discover

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

Credit card #: _____ Expiration (mm/yy): _____

Name on card: (PLEASE PRINT) _____ Amount to be charged now: \$ _____

ADDITIONAL WAYS TO GIVE:

Online: <https://giving.ucla.edu/Standard/NetDonate.aspx?SiteNum=639>

Securities: Please contact the securities coordinator at (310) 794-3434 for detailed transfer instructions.

Please mail this form along with your check (if applicable) to the CEWM Administrative Office:

UCLA Center for East-West Medicine

2336 Santa Monica Blvd., Suite 301

Santa Monica, CA 90404

Email: cewm@mednet.ucla.edu