



# Jonsson Cancer Center Foundation

9-623 Factor Building, Box 951780  
Los Angeles, CA 90095-1780  
Phone: (310) 206-0675 Fax: (310) 267-0102  
www.uclahealth.org/cancer

## Donation Form

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Gift Amount: \$ \_\_\_\_\_ Email Address: \_\_\_\_\_

Check here if you would like to help the JCCF go green by requesting an electronic receipt.

If this gift is a tribute, check one:  In memory of  In honor of

(Please note there is a \$10 per card minimum for Tribute Gifts)

Person's Name: \_\_\_\_\_

Occasion (if any): \_\_\_\_\_

Notify: (Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(City/State/Zip) \_\_\_\_\_

Message to include on tribute card (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We welcome unrestricted gifts to support our highest priority initiatives. However, if you wish to direct this gift to a specific type of cancer, or to a specific researcher's work, please let us know:

For credit card donations: Type:  AmEx  M/C  VISA  Discover

I authorize the JCCF to collect my gift of \$ \_\_\_\_\_

Card number: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Please do not send cash.** Checks and money orders payable to "Jonsson Cancer Center Foundation" may be mailed to the address at the top of this form. Credit card gifts can be mailed or faxed to (310) 267-0102. Thank you in advance for your generosity!