



I AM PLEASED TO SUPPORT THE OBGYN ADVANCEMENT FUND (642550) WITH A TAX-DEDUCTIBLE GIFT IN THE AMOUNT OF:

☐ \$25,000 ☐ \$10,000 ☐ \$5,000 ☐ \$1,000 ☐ \$500 ☐ \$100 ☐ Other: _____

DONOR INFORMATION

Name: (PLEASE PRINT) _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Preferred Email: _____

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

☐ This is an anonymous gift.

METHOD OF PAYMENT

☐ Check: Enclosed is a check payable to THE UCLA FOUNDATION

☐ Please charge a one-time gift to: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card Number: _____ Exp. Date: _____

Name on Card: (PLEASE PRINT) _____

Signature: _____

ADDITIONAL WAYS TO GIVE:

- ☐ Matching Gift: In addition to my personal gift, I have enclosed a matching gift form from my company.
☐ Securities: Please send me information on how I can make a gift of securities.
☐ Endowment Opportunities: I am interested in information about establishing an endowment to benefit the OBGYN Advancement Fund.
☐ Estate Plan: Please send me information on how I can include the OBGYN Advancement Fund in my estate plans.

FOR TRIBUTE GIFTS ONLY

THIS GIFT IS: ☐ IN HONOR OF ☐ IN MEMORY OF ☐ IN APPRECIATION OF

Name: _____

Occasion (if any): _____

Please notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE MAIL YOUR DONATION AND THIS FORM TO:

OBGYN Advancement Fund 642250
c/o Silviya Aleksiyenko
Box 957293, CHS 17-135
Los Angeles, CA 90095-7293

For questions, please contact:

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