



I AM PLEASED TO SUPPORT THE UCLA CENTER FOR HUMAN NUTRITION (630640) IN THE AMOUNT OF:

Input fields for donation amounts: \$25,000, \$10,000, \$5,000, \$1,000, and Other.

DONOR INFORMATION

Name: (PLEASE PRINT)

Address:

HOME OFFICE

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 is a check 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:

ADDITIONAL WAYS TO GIVE:

- My employer will match my gift. The form is enclosed.
Please send me information on how I can include UCLA Health Sciences in my estate plans.

For gift of securities, please contact the securities coordinator at (310) 794-3434 for detailed transfer instructions.

PLEASE SUBMIT THIS FORM WITH YOUR CONTRIBUTION TO:

UCLA Health Sciences Development
Attn: Gina Weitzel
650 Charles E. Young Drive South, Suite 12-260
Los Angeles, CA 90095-7280

Questions? Contact Gina Weitzel at (310) 267-2112 or gweitzel@support.ucla.edu.

