UCSF Helen Diller Family Comprehensive Cancer Center

Please complete this form and mail it with your contribution to:

UCSF Foundation
P.O. Box 45339
San Francisco, CA 94145-0339

I am pleased to make a donation of:

○ $1,000 ○ $500 ○ $250 ○ $100 ○ $50 ○ Other $_____

Name: _____

Address: _____

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○ I have enclosed a check for $_____ made payable to UCSF Foundation.

○ I authorize UCSF Foundation to collect my gift of $_____ on my credit card:

**We accept:**
*Visa
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credit card number month year

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Please designate my gift to:

○ Where the need is greatest. (B0831) ○ Other: _____ (please specify)

This gift is: ○ In Honor ◉ In Memory Of

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☐ My company has a Matching Gifts Program.

Company Name: _____

☐ Please contact me about my interest in making a bequest or planned gift.

☐ Please keep my gift anonymous.

Thank you for your support!

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