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: _____

City/State/Zip: _____

Phone: (day) _____ (eve) _____

Email: _____

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

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

(select card type)
- Visa
- MasterCard
- American Express

_____ ___ – ___
credit card number month year

_____ _____
cardholder name cardholder signature

Please designate my gift to:

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

☐ This is a commemorative gift. (Select type & specify name.)

(select one)
In Honor of
In Memory of _____

Please notify: _____

Address: _____

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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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