



Jonsson Cancer Center Foundation

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

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!