



Donation Form

Date: _____

I am a New Renewing Lifeline Connection Member.

Here is my gift of: \$1,000 \$1,500 \$2,500 \$5,000 \$10,000 \$15,000 \$25,000
 Other: \$_____

Your Name: _____

Address: _____

City/State/Zip: _____

Preferred Phone: _____ Cell Home Work

Email Address: _____

Please send my gift receipt via email. This gift is anonymous. No recognition please.

For credit card donations: Card type: VISA MC AmEx Discover

I authorize the JCCF to collect my gift of \$_____

Card Number: _____ Exp. Date: _____

Cardholder's Name (Please print): _____

For tributes only: My gift is: In honor of In memory of

Name/Occasion: _____

Please notify: (Name) _____

(Address) _____

(City/State/Zip) _____

(Tribute card message—optional): _____

My company will match my gift. The form is enclosed.

Please mail checks or money orders payable to "Jonsson Cancer Center Foundation" to the address below. Mail credit card gifts or fax them to (310) 267-0102. Thank you in advance for your generosity!

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