



UCLA Department of Human Genetics Donation Form
Yes! I want to be part of the Future of Medicine.

Please print out this form and fax to (310) 206 -3942 or mail to:
UCLA Department of Human Genetics
C/O Development Department
10945 Le Conte Ave., Suite 3132
Los Angeles, CA 90095-1784

Please print clearly

Last name _____ First name _____ MI _____

Spouse/Partner name _____

Company name (for business donations only) _____

Mailing address _____ Suite/Apt. No. _____

City _____ State _____ Zip code _____

(____) _____ (____) _____ (____) _____
Home Phone Business Phone Fax Number

How would you prefer to be contacted:

Home phone Business Phone Fax Email _____

Gift Amount \$ _____

Payment Method:

Visa Mastercard Amex Check (payable to the UCLA Foundation)

Card Number _____ Exp. Date _____ Signature _____

My gift is in memory of: _____ *in honor of:* _____

Please inform the family: (name/address) _____

I prefer that my gift remain anonymous _____

Comments/Questions: _____

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You have the right to review your own data file. Inquiries should be forwarded to the Assistant Vice-Chancellor-Finance and Information Management, External Affairs, 10920 Wilshire Boulevard, Suite 900, Los Angeles, California 90024.

Donors Consent: The University is grateful for the support it receives from friends and alumni. One of the ways our appreciation is expressed is through listing the names of donors in various publications. Should you wish that your name not be listed as a donor, please notify us if you have not already done so.

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