



I /We would like to support UCLA Operation Mend Program with a tax-deductible gift in the amount of:

- \$1,000
- \$500
- \$250
- \$100
- \$50
- \$25
- Other \_\_\_\_\_

**Please direct my gift to the following:**

- \$ \_\_\_\_\_ Operation Mend Patient Care Fund
- \$ \_\_\_\_\_ Operation Mend Medical Fund
- \$ \_\_\_\_\_ Operation Mend Maddie Katz Fund
- \$ \_\_\_\_\_ Operation Mend Buddy Family Program Fund

**DONOR INFORMATION**

Name \_\_\_\_\_

*Title/ Full Name (please print)*

Spouse/Partner Name \_\_\_\_\_  This is a joint gift

Address \_\_\_\_\_  Home  Business

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Home Phone Number Email \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Address \_\_\_\_\_  Home  Business

My/Our gift is made  In honor of  In memory of  In recognition of \_\_\_\_\_

If you would like UCLA to notify the honoree, please include his/her mailing address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**METHOD OF PAYMENT**

Check (payable to *The UCLA Foundation*) or

Please charge \$ \_\_\_\_\_ to my  VISA  MasterCard  American Express  Discover

Credit card # \_\_\_\_\_ Exp. (mm/yy) \_\_\_\_\_

Name on card (please print) \_\_\_\_\_



### PAYMENTS OVER TIME

I would like to make a total commitment of \$ \_\_\_\_\_, pledged over time.

Amount enclosed or to be charged now: \$ \_\_\_\_\_.

In addition, I will make:  monthly  quarterly  semi-annual  annual  
payments of \$ \_\_\_\_\_ to complete my pledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ADDITIONAL WAYS TO GIVE

- Matching Gift:** In addition to my personal gift, I have enclosed a matching gift form.
- Estate Plan:** Please send me information on how I can include UCLA Operation Mend in my estate plan.
- Securities:** Please contact the securities coordinator at (310) 794-3434 for detailed transfer instructions.

### Please submit this form with your contribution to:

**Brian Loew**  
*Director of Development, Patient Programs*  
UCLA Health Sciences Development  
10945 Le Conte Avenue, Suite 3132  
Los Angeles, CA 90095-1784

### To charge by phone or for more information:

please contact Brian Loew at (310) 794-7620 or bloew@support.ucla.edu

To view UCLA's disclosure statements and privacy notice for donors, visit [www.uclafoundation.org/disclosures](http://www.uclafoundation.org/disclosures). If you do not wish to receive further fundraising information from UCLA Health Sciences, please either call us at (855) 364-6945 or email us at [OptOutUCLAHSD@support.ucla.edu](mailto:OptOutUCLAHSD@support.ucla.edu)

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