

|  |
| --- |
| Please complete this donor form and mail it with your contribution to:UCSF FoundationPO Box 45339San Francisco, CA 94145-0339 |

**Contact Information**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| City, State, Zip: |  |
| Phone: | (Day) | (Evening) |
| Email: |  |

**Donation Information**

|  |
| --- |
| **I would like to make a donation in the amount of:** |
| □ $1,000  | □ $500  | □ $250  | □ $100  | □ $50  | □ Other: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­ |
| □ I have enclosed a check for $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ made payable to the **UCSF Foundation**. |
| □ I authorize the UCSF Foundation to collect my gift of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on my credit card: |
| □ Visa | □ MasterCard | □ American Express |
| Credit Card Number:  | Expiration Date: |
| Cardholder Name:  | Cardholder Signature: |

**Designation: Please designate my gift to the following fund/program:**

|  |  |
| --- | --- |
| □ Bodenheimer Legacy Fund | □ Jonathan Rodnick Memorial Fund |
| □ Clinician Consultation Center | □ Office of Developmental Primary Care |
| □ Clínica Martín Baró, a student-run clinic | □ UCSF Students Homeless Health Project |
| □ If you would like to designate your gift for a specific purpose, an individual doctor, researcher or program for example, please include that information here:  |

**Dedication: I am making this gift in:**

|  |  |
| --- | --- |
| □ Honor of:  | □ Memory of: ­­­­­­­­­­­­­­­­­ |
| Please notify: |
| Address: | City, State, Zip: |

**Other**

|  |
| --- |
| □ My company has a Matching Gifts Program:  |
| □ Please contact me about my interest in making a bequest or planned gift. |
| □ Please keep my gift anonymous |

**Thank you for your support!**

The UCSF Foundation is a California not-for-profit corporation, governed by the Board of Directors, established to provide support and administer funds for the benefit of the San Francisco campus of the University of California. It is the policy of the University of California, San Francisco, The UCSF Foundation, and the Department of Family and Community Medicine that a modest portion of gifts be used to defray costs of raising, administering, and managing the funds and related activities. If you do not wish to receive further fundraising communications from UCSF, please contact: Records Manager, UCF, Box 0248, San Francisco, CA 94143-0248 or email: HIPAAOptOut@support.ucsf.edu or call 1-888-804-4722.