



**I AM PLEASED TO SUPPORT ALZHEIMER'S DISEASE PROGRAM FUND IN THE AMOUNT OF:**

\$250  \$500  \$750  \$1,000  Other: \_\_\_\_\_

Please direct my gift to the Alzheimer's Disease Program Fund (616810)

**DONOR INFORMATION**

Name: (PLEASE PRINT) \_\_\_\_\_

Address: \_\_\_\_\_

HOME  OFFICE

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

This is a joint gift. Spouse/Partner's Name: \_\_\_\_\_  This is an anonymous gift.

**METHOD OF PAYMENT**

Check enclosed payable to THE UCLA FOUNDATION

VISA  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: (PLEASE PRINT) \_\_\_\_\_

Signature: \_\_\_\_\_

My employer has a matching gift program. My matching gift form is enclosed.

Planned Gifts: contact UCLA Office of Gift Planning at (310)794-2334 | giftplanning@support.ucla.edu

Securities: contact the UCLA Office of Gift Planning at (310)794-3433 | giftplanning@support.ucla.edu

PLEASE SUBMIT THIS FORM WITH YOUR CONTRIBUTION TO:  
**UCLA Neurology Finance Office, Attn: CFO Luba Skoropad**  
710 Westwood Plaza, 4-151 RNRC • Los Angeles, California 90095

Questions? Contact Sr. Director of Development Elizabeth Naito  
enaito@support.ucla.edu or (310) 206-6749

**Donate online: <http://giving.ucla.edu/Alzheimers>**