



**DEPARTMENT OF FAMILY & COMMUNITY MEDICINE**

Please complete this donor form and mail it with your contribution to:

Department of Family and Community Medicine  
 500 Parnassus, MU 311E  
 University of California, San Francisco, CA 94143-0900  
 Attn: J. Mozesson, Director

I am pleased to make a donation of:

\$1,000	\$500	\$250	\$100	\$50	Other
					\$

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_  
 Email: \_\_\_\_\_

I have enclosed a check for \$ \_\_\_\_\_ made payable to **UCSF Foundation**.

I authorize UCSF Foundation to collect my gift of \$ \_\_\_\_\_ on my credit card:

*Visa*                       *Mastercard*                       *American Express*

\_\_\_\_\_ (credit card number)

\_\_\_\_\_ (expiration date)

\_\_\_\_\_ (cardholder name)

\_\_\_\_\_ (cardholder signature)

**Please designate my gift to:**

Department of Family and Community Medicine Primary Fund: To be used where the need is greatest. (B0296)

Other: \_\_\_\_\_  
 (please specify, ex. Family Medicine Patient Care, Family Medicine Residency Program, Family Medicine Community Initiative Program, Family Medicine Medical Student Education Program)

This gift is in HONOR / MEMORY of: \_\_\_\_\_  
 (circle one)

Please notify: \_\_\_\_\_

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

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

My company has a Matching Gifts Program: \_\_\_\_\_  
 (company name)

Please contact me about my interest in making a bequest or planned gift.

Please keep my gift anonymous.

**Thank you for your support!**

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