



Simms Mann
UCLA Center for Integrative Oncology
Optimizing Wellness

On behalf of patients and families facing cancer, we thank you for your support of the whole-person integrated care provided by the Simms/Mann - UCLA Center for Integrative Oncology

DATE

YOUR NAME

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER

EMAIL ADDRESS

I would like to make a donation of \$ _____ Annual Fund Endowment

IF YOUR DONATION IS A TRIBUTE, WE CAN SEND A TRIBUTE CARD:

MY GIFT IS: in honor of: in memory of:

Please send a card announcing my gift (we do not disclose the gift amount) to:

NAME

ADDRESS

CITY

STATE

ZIP

MESSAGE TO INCLUDE ON TRIBUTE CARD (optional)

FOR CREDIT CARD DONATIONS:

I authorize the JCCF to collect the amount of: \$ _____ VISA MC AMEX DISCOVER

CARD NUMBER

EXPIRATION DATE (mm/yy)

NAME (as it appears on card)

eSIGNATURE (or print name to verify)

This form can be emailed to ahiatt@mednet.ucla.edu, faxed to (310) 267-0102, or mailed. Our address is: UCLA Jonsson Cancer Center Foundation, 8-950 Factor Building, Box 951780, Los Angeles, CA 90095-1780. Checks and money orders should be payable to "Jonsson Cancer Center Foundation." Please include "Simms/Mann" on the check's memo line. **Please do not send cash.** Thank you in advance for your generosity!

Check here if you would like to help the JCCF go green, by requesting an electronic receipt (please provide email address).