

UC DAVIS CANCER CENTER

Yes, I would like to join UC Davis in the fight against cancer.

Salutation: Dr. - Mr. - Mrs. - Ms. - Other: _____

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip: _____ - _____

Phone: _____

Fax: _____

E-mail: _____

- Enclosed is my check made payable to UC Regents/Cancer Center
- Please charge this gift to my:

Visa

Mastercard

Credit Card Number: _____

Name on Card: _____

Expiration Date: _____

I would like to designate my gift to:

- Cancer prevention
- Cancer research
- Pediatric cancer
- The Cancer Resource Center library
- Breast cancer
- Prostate cancer
- Wherever the need is greatest
- Other (Please specify)

This gift is:

In honor of _____

In memory of _____

Please send acknowledgment of this gift to:

Address: _____

City: _____

State: _____ Zip: _____ - _____

Please mail to:
UC Davis Medical Center
Health Sciences Advancement
4900 Broadway, Suite 1150
Sacramento, CA 95820-1532

Thank you for your generous donation.