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| Gift amount:**\***  (ERWG400) | | | | | | $25  $50  $100  $250  $500  $1000  Other: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Dr.  Miss  Mr.  Mrs.  Ms. | | | | | | | | | | | | | | | | | | | | | | |
| Name:**\*** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spouse’s name: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | Home  Business (company name) | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **Please send acknowledgement of this gift to:**  Dr.  Miss  Mr.  Mrs.  Ms. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First name: | | | | |  | | | | | | | | | | | | Last name: | | | |  | | | | | | | | | |
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| **Please select:\*** | | | | | | | | **Check** – Enclosed is my check in the amount of $ | | | | | | | | | | | |  | | | | | made payable to **UC Regents** | | | | | |
|  | | | | | | | | **Charge** $ | | | | |  | | | to my VISA MasterCard American Express Discover | | | | | | | | | | | | | | |
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|  | | | | | | | | Signature: | | |  | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | ***Please add me to the Violence Prevention Research Program mailing list*.** | | | | | | | | | | | | | | | | | | | | | | |
| **\*\*Please fill out the form in full then print out and mail to:**  Kathryn J. Keyes, M.Ed., CFRE  Director of Development   Health Sciences Development  UC Davis Health System  4900 Broadway, Suite 1150  Sacramento, CA 95820 | | | | | | | | | | | | | | | | | | | | | | | UCD_HealthSystem_RGB | | | | | | | |
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