



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 Center for Integrative Oncology

Date: _____

Your Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Gift Amount: \$ _____ Email Address: _____

Check here if you would like to help the JCCF go green by requesting an electronic receipt.

If this gift is a tribute, check one: In memory of In honor of

(Please note there is a \$10 per card minimum for Tribute Gifts)

Person's Name: _____

Occasion (if any): _____

Notify: (Name) _____

(Address) _____

(City/State/Zip) _____

Message to include on tribute card (if applicable): _____

For credit card donations: Type: AmEx M/C VISA Discover

I authorize the JCCF to collect my gift of \$ _____

Card number: _____

Name as it appears on card: _____

Signature: _____

Expiration Date: _____

Please do not send cash. Checks and money orders payable to "Jonsson Cancer Center Foundation" may be mailed to: UCLA Jonsson Cancer Center Foundation, 9-623 Factor Building, Box 951780, Los Angeles, CA 90095-1780. Credit card gifts can be mailed or faxed to (310) 267-0102. Thank you in advance for your generosity!