



Help Me Grow

ORANGE COUNTY

**YES, I would
like to support
Help Me Grow with
the following gift:**

\$25

\$50

\$75

\$100

\$250

Other

\$ _____

Donatee

Last Name First Name

Billing Address

City State Zip

E-mail Address Home Phone Mobile Phone

Method of Payment

CREDIT CARD

- Visa MasterCard
 American Express Discover

Credit Card Number Expiration Date

Name of card holder Signature

OTHER

- Check enclosed: check made payable to **UCI Foundation**
 Cash
 Website: www.uadv.uci.edu/e-giving
Area of interest: School of Medicine; Designation: Help Me Grow

Matching Gifts

If your company sponsors a matching gift program and may be interested in contributing, please indicate:

Company

Contact Person Phone Number

University of California, Irvine Foundation, Tax ID# 95-2540117;
Donations are deductible to the extent allowed by law

Please mail to

Help Me Grow
1915 West Oranewood Avenue, Suite 303
Orange, CA 92868