

MAKE A GIFT

To make a gift to Cedars-Sinai, please complete and send this form to the address below. You will receive an acknowledgment of your contribution by mail.

Cedars-Sinai Gift Administration 6500 Wilshire Blvd., Suite 1600 Los Angeles, CA 90048 QUESTIONS ABOUT YOUR GIFT? 877-427-2443 (toll-free) 323-866-7763

| YOUR INFORMATION | | | | | |
|---|------------|---------------|--------------|----------------------------|--------|
| | | | | | |
| Title | First Name | Middle Initia | Last Name | | Suffix |
| Company/Organization Name (if gift is from a business or institution) | | | | | |
| Address | | | | | |
| City | | State | ZIP Code | Country | |
| Email Addre | SS | | Phone Number | | |
| GIFT INFORMATION | | | | | |
| Gift amount (in U.S. currency): \$ I prefer to make this donation anonymously. | | | | | |
| Area of greatest need Direct your gift to a particular area: | | | | | |
| This gift is: in memory of Occasion: | | | | | |
| Name of honoree: | | | | | |
| Send notification card to: | | | | | |
| | | | | | |
| Address | | | | | |
| City | | State | ZIP Code | Country | |
| PAYMENT INFORMATION | | | | | |
| I have enclosed a check or money order (please make payable to Cedars-Sinai) Charge | | | | | |
| my credit card: | | | | | |
| number: | | CVV/C | ID#: | — Expiration date (MM/YY): | |
| Full name as it appears on card: | | | | | |
| Signature: | | | | | |

MATCHING GIFTS: If your employer has a matching gift program, your gift to Cedars-Sinai could be doubled or even tripled. To find out if your gift is eligible to be matched by your company, visit giving.cedars-sinai.edu/matchinggift