CEDARS-SINAI MEDICAL CENTER

Print Form

Donations and Contributions Form

Your donation is greatly appreciated. Your generous gift will help provide excellence in patient care, medical research, education for health professionals and community outreach. If you have any questions, please call Cedars-Sinai's Community Relations Department at (323)866-7763 or toll free at (877) 427-2443. To make a donation or contribution to Cedars-Sinai, please complete this form, print and mail to:

Cedars-Sinai Medical Center
8700 Beverly Blvd. Suite 2416
Los Angeles, CA 90048-0750

Please accept my donation in the amount of:

Date:

☐ Enclosed is a check/money order

Charge my credit card: ☐ Visa ☐ MasterCard ☐ American Express

Card Number: Exp. Mo: Yr:

Name on Card :

Signature:

Please send me information on:

☐ Gifts of Stock
☐ Gifts of Life Insurance
☐ Gifts of Real Estate
☐ Income for Life
☐ How to Word My Will or Living Trust

Contributions

All contributions to Cedars-Sinai Medical Center's Tribute Program may be acknowledged to the person or family you designate. The amount of your contribution will not be disclosed.

Name Phone Number

Address Country

City State Zip Code

☐ In Honor of: ☐ In Memory of:

Or for a(n): ☐ Birthday ☐ Anniversary ☐ Thank You ☐ Speedy Recovery ☐ Bar/Bat Mitzvah

☐ Wedding ☐ Other:

Special Fund: Appeal ID: GEN-DIABETES

Send Notification Card to:

Print name as you would like it to appear on the notification card.

Address State Zip Code

Please remember Cedars-Sinai in your will. **Thank you for caring.**

FOR DEVELOPMENT SERVICES ONLY

Accepted by: Date:

Entry by: Date:

Comments: Appeal ID: GEN-DIABETES

For any questions or comments please contact Community Relations Development Services at (323) 866-7763

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