



UC DAVIS HEALTH SYSTEM

ONE-TIME DONATION FORM

YES! I want to support the important programs, research and education at UC Davis Health System.

Please use my gift for:

☐ Where the need is greatest (9100850)

☐ This specific area in UC Davis Health System: _____

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Print name(s): _____
(as you would like them to appear in all print and donor recognition materials)

☐ I/We wish to remain anonymous and to have no public recognition of this gift.

Please select:

☐ **Check** – Enclosed is my check in the amount of \$_____ made payable to **UC Regents**

☐ **Charge** – \$_____ to my: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Signature: _____

☐ **Pledge** – Please record my/our total pledge of \$_____ made payable to **UC Regents**

I/We wish to pay this pledge over: ☐ 1 year ☐ 2 years ☐ 3 years

Please send pledge payment reminders: ☐ Annually ☐ Semi-annually ☐ Quarterly ☐ Monthly

☐ **Stock transfer, planned gift:** Please contact Health Sciences Advancement at 916-734-9400.

Send the completed form to:

UC Davis Health System
Health Sciences Advancement
4900 Broadway, Suite 1150
Sacramento, CA 95820

If you no longer wish to receive fundraising requests about how you can help support UC Davis Health System, please write to: Health Sciences Advancement, 4900 Broadway, Suite 1150 Sacramento, CA 95820 or call 916-734-9400.

UC DAVIS
HEALTH SYSTEM

The 1977 California Information Practices Act requires UC Davis to provide the following information to individuals asked to supply information about themselves. UC Davis is requesting this information to maintain accurate donor files in the Office of University Relations. Furnishing the information is strictly voluntary and it will be maintained confidentially. The information may be used by other university departments in the regular course of business but will not be disseminated to others except if required by law. You have the right to review your own data file. Inquiries should be forwarded to Advancement Services, University of California, One Shields Avenue, Davis, CA 95616. The University is grateful for the support it receives from alumni and friends. One of the ways our thanks is expressed is through listing the names of donors in various publications. Should you wish that your name not appear as a donor, please notify us if you have not already done so. It is the policy of the University of California, Davis to utilize a portion of gifts and/or short-term investment income on current gifts and grants to support the cost of raising and administering gift funds.