

UC Davis Home Health

Yes! *I would like to support UC Davis Home Health in their mission to provide exemplary services to patients who are facing financial hardship. This generous donation will help provide food, shelter, and medical equipment to home health patients who are challenged and unable to pay for the basics critical to improving their health and well-being.*

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

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

Please select:

One-time gift of \$ _____

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

Credit Card Number: _____

Name on Card: _____

Expiration Date: _____

Signature: _____

This gift is in memory/in honor of: _____

Please include name and address to send acknowledgement of your gift

Pledge – Please record my/our total pledge of \$ _____

I/We wish to pay this pledge over: 1 year 2 years 3 years 4 years 5 years

Stock transfer, planned gift: Please contact Health Sciences Development 916-734-9400

Send the completed form to:

Health Sciences Development
4900 Broadway, Suite 1150
Sacramento, CA 95820

Account 9100727/Appeal 14464

If you no longer wish to receive fundraising communications from UC Davis Health System, please call 916-734-9400 or write to: Health Sciences Development, 4900 Broadway, Suite 1150, Sacramento, CA 95820.

Please review UC Regents and UC Davis Foundation statements at <http://giving.ucdavis.edu/ways-to-give/disclosures.html>