

# BRAIN ENDOWMENT for AUTISM RESEARCH SCIENCES (BEARS)



## BEARS Financial Contribution Form

The BEARS Tissue Program is committed to advancing the field of autism and neurodevelopmental research at the MIND Institute and around the world. We are grateful that you are taking the time to make this meaningful contribution. Your support will play a significant role in the progress of this program and in our endeavors to make a difference in the lives of others.

### YES! I/We would like to support the UC Davis MIND Institute BEARS Tissue Program.

Name \_\_\_\_\_ Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_ E-mail \_\_\_\_\_

☐ Enclosed is my check in the amount of \$ \_\_\_\_\_ made payable to UC Regents.

**Important: In order for this check to go to the BEARS Tissue Program, you must write "MIND BEARS" in the memo section of the check. Thank you.**

☐ Charge an amount of \$ \_\_\_\_\_ to my: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number \_\_\_\_\_ Name on Card \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ I'd like to make a gift **in honor of/in memory of** (please circle one) \_\_\_\_\_

Please send an acknowledgement notice to \_\_\_\_\_

*(Please provide a name and contact information for recipient)*

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

☐ Please contact me in regards to including the BEARS Tissue Program in my estate plans.

#### Please send the completed form to:

The UC Davis MIND Institute  
Health Sciences Department  
4900 Broadway, Suite 1150  
Sacramento, CA 95820

#### To give your gift online, please visit:

[www.ucdmc.ucdavis.edu/giving](http://www.ucdmc.ucdavis.edu/giving)

Double your donation by applying for matching funds from your employer. Learn more at:

[www.matchinggifts.com/ucdavis](http://www.matchinggifts.com/ucdavis)

**Important: If you are donating online, you must type, "MIND BEARS Tissue Program", in the "special instructions for this gift section" of the online donation form. This will ensure that your contribution will go directly to supporting our program. Thank you.**

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

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.