



**Please accept my/our gift in the amount of**

\$5,000  \$2,500  \$1,000  \$500  \$250  Other Amount \$\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 HOME  WORK

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 HOME  WORK  HOME  WORK

This is a joint gift. Spouse/Partner Name: \_\_\_\_\_

This gift is to be anonymous

**TO SUPPORT:**

- Center for East-West Medicine General Support (#606950)
- Shirley Hui Memorial Fund (#622680)

**METHOD OF PAYMENT: I prefer to pay by:**

**Check:** Please make check payable to the UCLA Foundation

**Credit Card:**  Visa  MC  American Express  Discover

**Matching Gift:** In addition to my personal gift, I have enclosed a matching gift form

Credit card #: \_\_\_\_\_ Expiration (mm/yy) \_\_\_\_\_

Name on card: \_\_\_\_\_  
(PLEASE PRINT)

Amount to be charged now: \$ \_\_\_\_\_

**ADDITIONAL WAYS TO GIVE:**

**Online:** <https://giving.ucla.edu/Standard/NetDonate.aspx?SiteNum=639>

**Securities:** Please contact the securities coordinator at (310) 794-3434 for detailed transfer instructions.

Please mail this form along with your check (if applicable) to the CEWM Administrative Office:

**UCLA Center for East-West Medicine**

1015 Gayley Avenue, Suite 105  
Los Angeles, CA 90024

Telephone: (310) 794-0712 Email: [cewm@mednet.ucla.edu](mailto:cewm@mednet.ucla.edu)