

UCSF Comprehensive Cancer Center

I'd like to partner with UCSF research scientists and clinicians, helping them make new discoveries for treating cancer and provide outstanding care to patients. I'm pleased to contribute to the UCSF Comprehensive Cancer Center with a donation of:

\$50 \$100 \$250 \$500 \$ _____

Send with your contribution to:
**UCSF Foundation
Cancer Center Fund
Box 0248, UCSF
San Francisco, CA 94143-0248**

name _____

address _____

city/state/zip _____

phone () _____ e-mail _____

Enclosed is a matching gift form from my employer.

I've enclosed my check payable to the **UCSF Foundation**.

Please charge my contribution to my credit card:

Mastercard Visa Amex amt: \$ _____

card # _____ expiration _____

cardholder name _____

signature _____

I am sending this gift in memory or in honor of: _____

Please send acknowledgment of this gift to: _____

I'd like to designate my gift to:

Research Initiatives

- The **Cancer Center Fund**, to be used where the need is greatest. [B0831]
- Other (please specify the type of cancer). _____

Patient Care Programs

- Ida & Joseph Friend Cancer Resource Center** — Supports wellness and the healing process by providing patients and families with cancer-related information, peer support, nutrition counseling, disability benefits and insurance counseling, exercise classes, workshops, and community resources. More information: 415.885.3693. [B0986]
- The Cancer Risk Program** — Provides genetic counseling and risk assessment for individuals and families who have a family history of cancer. For more information, call 415.885.7779. [B0835]
- Support Groups** — Funds support groups and counseling for people with cancer and their families. [B1348]

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