



I would like to make a gift to: The Cancer Discovery Fund GHASR

Donor Name _____

Address _____

City _____ State _____ Zip Code _____

Credit this gift equally to my spouse/partner below.

The gift amount is \$ _____, and

is enclosed in full.

enclosed is the first payment of a multi-year pledge. The pledge will be paid in equal annual installments over 5 years.

The payment will be made by:

Check (Payable to Stanford University)

Visa MasterCard American Express Discover

Account Number _____

Expiration Date _____

Signature _____

My employer, _____, participates in a **matching gift program**.

The gift form is enclosed will be sent electronically.

(Visit matchinggifts.com/Stanford to see if your company has a corporate matching gift program.)

My gift is in honor of:

Stanford University will send a notification card to:

Please mail your gift to:

Stanford Medical Center Development
485 Broadway, 4th Floor
Redwood City, CA 94063

Thank you for supporting Stanford Medicine!

If you have questions or would like more information, please contact our office at 650.725.2504 or medicalgiving@stanford.edu.