



*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

\_\_\_\_\_

Expiration Date

Signature

My employer, \_\_\_\_\_, participates in a **matching gift program**.

The gift form is  enclosed  will be sent electronically.

*(Visit [matchinggifts.com/Stanford](http://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](mailto:medicalgiving@stanford.edu).