



Gift Form

Thank you for supporting the Stanford Center for Genomics and Personalized Medicine. Private funding provides critical support for innovative research as well as new and advanced patient care and services. To make a gift, please complete this form and return it with your payment.

Donor Information

First Name M.I. Last Name

Street Address City State Zip Code

Country Daytime Phone Evening Phone E-mail Address

This gift is given jointly with (name): _____

Address of joint donor (if different from above): _____

Gift Information

Gift amount: \$ _____

Please use my gift where it is most needed to support research, patient care, and education in the Stanford Center for Genomics and Personalized Medicine.

Please use my gift to support the following: _____

Tribute Gifts

This gift is given in memory of: in honor of:

Please send a notification card to: _____
Name Phone

Street Address City State Zip Code

Donor Name

Payment Information

- My check is enclosed payable to **Stanford University**.
- Please charge my contribution to my credit card (all fields below required)
- Visa MasterCard American Express Discover

Card Number

Expiration Date (mm/yyyy)

Cardholder Name (as it appears on card)

Signature

Other Information

My employer matches gifts.

- I have enclosed the appropriate forms.
- I will request matching gift forms from my employer.

I would like more information about the following:

- Planned giving opportunities, including wills, estate planning, gift annuities, charitable remainder trusts, and other planned gifts
- Permanent named gift opportunities

Please return your completed form and gift by mail or fax to:

Stanford Center for Genomics and Personalized Medicine
Development Services
PO Box 20466
Stanford, CA 94309
Fax: 650.723.0020

Questions?

Please call us at 650.725.2504 (front desk)

Thank you for your gift to the Stanford Center for Genomics and Personalized Medicine