If you would like to mail a gift instead of giving online, please complete this form and send with your payment to:

## The Guthy-Jackson Research Foundation, Inc. Post Office Box 15185 Beverly Hills, California 90210 \*Required Information—PLEASE PRINT\*

*Date				
*Name of Contributor(s)				
*Address				
*City / State / Zip				
*Telephone				
*Email				
*Enclosed is my gift of	\$50	\$100	\$250	\$500
	Other:			
*Method of payment	Check enclosed		Credit Card	
*Credit Card Info	Visa	Mastercard	AmEx	Discover
	Number		Exp	
	CVV/CVC Code			
	Name as it appears on card			
	Cardholder Sig	gnature		
I intend for my card to be	No	Yes	Amount:	
charged monthly  By checking yes, this authorization	shall remain in offer	t until written notice	is given to the GIF	RE by the cardholder
*If yes, acknowledge by signing		ct and written notice	is given to the dji	a by the caranolder.
Dadicated to (antional)			Message (opti	onal).
Dedicated to (optional):			I chose to donate today because	
A notification of your memorial or tribute gift will be sent promptly to the person listed below. The gift amount will not be included, unless requested here:				
Yes, please include my donation amount.				
Name				
Address				
City / State / Zip				
l would like to be contacted by	, a Gift Officer to rec	eive further informat	ion.	

I would like to be contacted by a Gift Officer to receive further information. We welcome comments about your gifts and your inspiration to give.

