



JULES STEIN EYE INSTITUTE
CONTRIBUTING TO A LIFETIME OF GOOD VISION

Pledge Agreement

To provide support for the Jules Stein Eye Institute at UCLA, I/we intend to give the sum of \$ _____.

I/We wish to make a pledge over the next five years or less, paid **annually** **bi-annually** **quarterly**

Payment amount: \$ _____ beginning _____ (month/year). Reminders will be mailed prior to payment dates.

*(Please make checks payable to the UC Regents.
All gifts are tax-deductible as allowed by the law. The UC Regents tax ID is 95-600-6143).*

I/We wish to make pledge payments by credit card.

Please charge my VISA MASTERCARD AMERICAN EXPRESS

Card # _____ Exp. Date _____ Signature _____

Name as it appears on the card _____

Donors may be recognized in a publication. Please print your name as you wish it to appear, including your preference for Mr., Ms., Mrs., Dr., etc. **Please note if you wish to remain anonymous. YES NO**

Name(s) _____ Phone _____

E-mail _____

Preferred Address _____

City/State/Zip _____

This is a joint gift with: _____

Gift Designation: Highest priority for JSEI (unrestricted – fund no. 55610)
 Area of interest at JSEI: _____

I am interested in gift planning opportunities, including making a gift of securities; please contact me.

I have included JSEI in my estate plans.

MAIL/FAX TO: **Jules Stein Eye Institute
Development Office
JSEI I-124
100 Stein Plaza, UCLA
Los Angeles, California 90095-7000**

**Tel: (310) 206-6035
Fax: (310) 794-1665**

Privacy Notice

The 1977 California Information Practices Act requires UCLA to inform individuals asked to supply information about themselves of the following: UCLA is requesting this information to update the general resource files of its External Affairs Department. Furnishing the information is strictly voluntary and will be maintained confidentially. The information may be used by other University departments in the regular course of business, but will not be disseminated to others except if required by law. You have the right to review your own data file. Inquiries should be forwarded to the Assistant Vice Chancellor-Finance and Information Management, UCLA External Affairs, 10920 Wilshire Blvd., 9th Floor, Los Angeles, CA 90024.

Donor's Consent to Use Personal Information

The University is grateful for the support it receives from friends and alumni. One of the ways our thanks is expressed is through listing the names of donors in web-based and print publications. Should you wish that your name not appear as a donor, please notify us if you have not already done so.

Recovery of Operating Cost from Private Gifts

As is customary with universities and other non-profit organizations across the country, a one-time gift fee is applied to all gifts to provide essential support necessary to UCLA's overall operation. The fee is currently 5%.

If you do not want to receive further fund-raising communications from the Jules Stein Eye Institute, please contact JSEI c/o UCLA Medical Sciences Development, 10945 Le Conte Avenue, Suite 3132, Los Angeles, CA 90095-1784.

THANK YOU FOR YOUR SUPPORT