



UC San Diego

HEALTH SCIENCES

I/We want to make a charitable gift in support of “Ophelia Blue Eyes” for the purpose of Down’s syndrome research at UCSD.

I/We hereby agree to make the following gift:

\$ _____ **Pledge**

Payable as follows:

\$ _____ *annually over* ____ *years (5-year max)*

\$ _____ **Outright Gift (cash, credit card or marketable securities)**

Credit Card # _____ **Exp:** _____

Type: **MC** **Visa** **AMX**

I am interested in making a planned or estate gift to support Ophelia Blue Eyes.

Make checks payable to the **UC San Diego Foundation** and mail to Andrea Davidson, Director of Development, Health Sciences, 200 West Arbor Dr. #8225, San Diego, CA 92103-8225. If you are interested in making a gift of stock or have any questions please contact Andrea at 619-543-3605 or adavidson@ucsd.edu.

Signed: _____ (donor)

_____ (spouse)

Please print your name(s) as you would like it to appear for recognition purposes

Address: _____

Phone: _____

E-Mail: _____