

**UC Davis MIND Institute
Donor Payment Form**

Contact Information:

Name: _____

Organization: _____

Address: _____

City / State / Zip: _____

Day Phone: _____ Evening Phone: _____

E-Mail: _____

Amount of Gift: _____

Method of Payment:

Check – Enclosed is my check in the amount of \$_____made payable to UC Foundation.

Charge – \$_____to my VISA MasterCard American Express Discover

Credit Card Number: _____

Name on Card: _____

Expiration Date: _____

Signature: _____ Date: _____

I'd like to make a gift in honor of/in memory of: _____

Please send an acknowledgment notice to: _____

(Please provide a name and contact information for recipient.)

Areas gifts may be designated to:

- Wherever the need is greatest (322896)
- ADHD Research (322960)
- Autism Research (322959)
- Center for Excellence in Developmental Disabilities (322961)
- Chromosome 22q11.2 Deletion syndrome Research (322958)
- Down syndrome Research (322957)
- Fragile X syndrome Research (322903)
- Other: _____ (Please Specify)

Send the completed form to: c/o UC Davis MIND Institute
Health Science Development
4900 Broadway, Suite 1150
Sacramento, CA 95820