

The Nejat International Childhood Cancer Research Society



MY GIFT TO HELP THE FIGHT AGAINST CHILDHOOD CANCER

With your contribution, you can help the dedicated doctors and researchers at MATTEL CHILDREN'S HOSPITAL UCLA to find a cure for childhood cancer.

Here is my/our tax deductible gift to help find a cure:

\$1000 \$750 \$500 \$250 \$100 Other \$ _____

Method of payment:

Check: Please make payable to NICCRS

Credit Card: Visa MasterCard American Express Discover

Credit Card # _____

Expiration Date (mm/yy) _____

Amount to be charged \$ _____

Cardholder's Name (please print) _____

Cardholder's Signature (required) _____

DONOR INFORMATION: [ID # FR2008]

Mr/Ms/Mrs _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ email: _____

MEMORIALS & TRIBUTES:

This gift is in memory of _____
[Please print name of person deceased.]

This gift is in honor of _____
[Please print name of person to be honored.]

A notification of your memorial or tribute gift will be sent promptly to the person listed below.
The gift amount will not be indicated.

Name of person to receive notification: _____ Relationship to person honored: _____

Address: _____

City: _____ State: _____ Zip Code: _____

After completing, please mail this form to:

NICCRS

P O. Box 2130

Beverly Hills, CA, 90213-2130

THE NEJAT INTERNATIONAL CHILDHOOD CANCER RESEARCH SOCIETY ("NICCRS")