

## Online Mail-in or Fax-in Donations

Date: \_\_\_\_\_

### **Donor Information**

My Name: \_\_\_\_\_

My Address: \_\_\_\_\_  
\_\_\_\_\_

My Email Address: \_\_\_\_\_

My Phone Number: \_\_\_\_\_

**Donation Amount:** \_\_\_\_\_

*If paying by check*, please fill out all sections except credit card information. Checks may be made payable to: Keck School of Medicine of USC. *If paying by credit card*, please indicate which type of credit card by placing a circle around your credit card type (we are unable to accept American Express) and fill out all other sections.

### **Credit Card Information**

Type of Credit Card (circle one): Visa / MasterCard / Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

### **Acknowledgement Information**

Purpose of gift (Honor/Memorial/Scholarships) \_\_\_\_\_

Gift in Honor or Memory of: \_\_\_\_\_

Send notice card to: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please mail to:

Keck School of Medicine of USC  
Office of Development  
1975 Zonal Ave., KAM 300  
Los Angeles, CA 90089-9026  
Phone: (323) 442-1086 Fax: (323) 442-3299