

# 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. 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 90033  
Phone: (323) 442-1087 Fax: (323) 442-3075  
Mon. - Fri. 8:30 AM to 5:00 PM