

Pacific Medical Research Foundation

Donation Form

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Yes, I would like to support the Pacific Medical Research Foundation with my tax deductible gift of:

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- ◇ \$500
- ◇ \$250
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- ◇ Other \$ _____

Mail this form to:
Pacific Medical
Research Foundation
350 Cambridge Ave.,
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Palo Alto, CA 94306-1575

Please make checks payable to Pacific Medical Research Foundation.

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- ◇ I would like to volunteer for the Pacific Medical Research Foundation
- ◇ Please put me on the mailing list
- ◇ Please send me information on other giving options.

In Tribute

This gift is given ◇ in honor of ◇ in memory of

Please send acknowledgement to:

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Please consider the Pacific Medical Research Foundation to remember someone in a special way or acknowledge an important occasion or accomplishment.