

Yes! I want to support innovative research to advance the field of medicine.

To make a gift using a credit card or a check, please complete and mail this form. Your gift is tax-deductible and a receipt will be provided.

Note: HMRI does not share donor information with any organization for any reason.

I wish my gift to support: _____ Area of greatest need

(OR)

I wish to designate my support to the special area(s) of:

Cancer Research (genetics, prostate, breast, colon) Liver Disease Summer Student Internships
 Neural Engineering (spinal cord injuries, epilepsy, deafness) Library/Information Systems
 Molecular Neurology (Alzheimer's and Parkinson's, Multiple Sclerosis, migraines, depression)
 Cell Biology (tissue engineering, cell growth) Magnetic Resonance Spectroscopy (brain imaging)

Gift Type: one-time gift monthly sustaining gifts (charged to a credit card on the 15th of each month)

Gift Amount: \$10,000 \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 Other: \$ _____

Title: _____ **First Name:** _____ **Middle initial/name:** _____

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Card Number: _____ **Security Code:** _____ (3 or 4-digit number on the front or back of card)

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My gift is in memory (or) in honor of: _____

Please notify (name/address): _____

My employer will match my gift: yes no Employer: _____

_____ I will forward a matching gift form to HMRI.

I wish my giving to remain anonymous

(OR)

How I want my name(s) to appear in recognition materials: _____

Additional comments/Special instructions:

I'd like to receive communications from HMRI. Please add me to your mailing list.

Please contact me about naming HMRI in my estate plans.

Please mail to: HMRI at 734 Fairmount Avenue, Pasadena, California 91105-3104

Questions? Please contact Esther Dickinson at (626) 397-5805 or e-mail: dickinson@hmri.org

Thank you for supporting the pioneering medical research of HMRI!