

JSEI AFFILIATES



VISION EDUCATION
COMMUNITY RELATIONS
PATIENT SERVICES
RESEARCH SUPPORT

THE JULES AND DORIS STEIN UCLA SUPPORT GROUP

I am pleased to support the JSEI AFFILIATES.

Gift Designation:

Make Surgery Bearable Preschool Vision Screening Vision In-School Unrestricted

Enclosed is my tax-deductible contribution of:

\$20 \$40 \$100 \$200 \$500
 \$1000 Other \$ _____

Check enclosed payable to *Jules and Doris Stein UCLA Support Group Tax ID 95-3976190.*

VISA MasterCard
 American Express Discover

Card Number: _____

Exp. Date: _____

Name on card (*please print*):

Signature:

Donor Name (*please print*):

This is a joint gift. Spouse/Partner's Name:

Preferred address: Home Business

City: _____ State: _____

Zip: _____

Preferred Phone: _____

Preferred Email: _____

This is an anonymous gift.

For Tribute Gifts Only:

In honor of In memory of In appreciation of

Name: _____

Occasion/Message (*optional*): _____

Please Notify:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Information:

JSEI Affiliates
c/o Development Office
100 Stein Plaza, Ste 1-124
Los Angeles, California 90095
Tel: (310) 825-4148 • Fax: (310) 794-1665

If you do not wish to receive further fundraising information from JSEI Affiliates, please check the box. Contact us at 310-825-4148 or email us at affiliates@jsei.ucla.edu

Thank You for Your Support to the JSEI Affiliates of the Jules and Doris Stein UCLA Support Group!

If you would like to learn more about ways to give to the **UCLA Stein Eye Institute**, please call (310) 206-6035 or email giving@jsei.ucla.edu and someone will be able to assist you.