

# GLADSTONE

## Monthly / Single Gift Form

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

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

City/State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Please mail form to:

Shaundra Bason

The J. David Gladstone Institutes

1650 Owens Street

San Francisco, CA 94158

I would like to support:

- Research where the impact is greatest
- Heart Disease Research
- Alzheimer's Disease Research
- Research in HIV/AIDS
- Other \_\_\_\_\_

I would like to give a:

- Single Gift of \$ \_\_\_\_\_
- Gift of \$ \_\_\_\_\_ per month to be paid over the course of \_\_\_\_\_ months. Final gift to be paid on \_\_\_\_ / \_\_\_\_.

Payment Method:

- Credit Card

Cardholder's Name: \_\_\_\_\_

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

Credit Card Type (circle one):      VISA    MasterCard

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

- Check Enclosed

Interested in joining our mailing list?

- Yes, please send me the monthly e-newsletter to \_\_\_\_\_ @ \_\_\_\_\_
- Yes, please send me the seasonal Focus magazine.

Signature \_\_\_\_\_

Date \_\_\_\_\_