



## Stanford University Medical Center Blood & Marrow Transplant Program Fund

*Yes, I want to make a gift to the Blood and Marrow Transplant Program to support advancements in treatment and patient care at Stanford University Medical Center.*

*Here is my tax-deductible gift of*

- \$100     \$500     \$1000
- \$5000     Other \$ \_\_\_\_\_  
(HAKJE)

I have enclosed a check for the Blood Marrow Transplant Program payable to **Stanford University**.

Please charge this gift to my     Visa     MasterCard     AMEX

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

- I do not want my name to appear in a donor recognition publication.
- My employer will match my gift. Enclosed is the required form.
- I would like information on how to include the BMT Program in my will.

I would like to designate my gift in honor or memory of someone special:

In Memory of: \_\_\_\_\_

Name of honoree: \_\_\_\_\_

If you would like us to send a card notifying the honoree of your gift in his/her name, please provide honoree's mailing address:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Your gift is tax deductible. For further information, please call 650-234-0604 or visit our website at [www.med.stanford.edu/center/development](http://www.med.stanford.edu/center/development).  
If you prefer not to receive fundraising requests to support our program, please let us know by writing the Office of Medical Development, 2700 Sand Hill Road, Menlo Park, CA 94025 (or via e-mail to [optout@med.stanford.edu](mailto:optout@med.stanford.edu)).*