



Donation Form

Donor Information (Please note: We do not share your information with anyone.)

First name (please print): _____ Last name (please print): _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Gift Information

Your gift to Women's Guild supports patient care, vital medical programs and equipment, biomedical research, and education at Cedars-Sinai. Consider making a tribute gift to honor a loved one or commemorate a special occasion. Your gift is 100% tax-deductible.

Please accept my donation in the amount of: \$ _____ Date (mm/dd/yyyy): _____

Enclosed is a check payable to Women's Guild.

Charge my credit card: Visa MasterCard American Express

Card number: _____ CVV/CID#: _____ Expiration date (mm/yy): _____

Full name as it appears on card: _____

Signature: _____

For a Tribute Gift (optional)

The amount of your gift will not be disclosed to the recipient.

Please accept my gift: in honor of in memory of occasion: _____

Name of honoree: _____

Please send acknowledgement of my gift to: _____

Address: _____

City: _____ State: _____ ZIP: _____

Your recognition preference (or anonymous): _____

Please Designate My Gift To

Women's Guild Distinguished Chair in Pediatrics

Women's Guild Neurology Project

Women's Guild Simulation Center for Advanced Clinical Skills

Women's Guild Lung Institute

Saul and Joyce Brandman Breast Center—A Project of Women's Guild

Planned Giving (check box(es) to receive information on ways to give)

If you are interested in giving a Planned Gift, including gifts of stock, gifts of life insurance, gifts of real estate, income for life and including Cedars-Sinai in your will or estate plan, please reach out to Tanya Lopez at tanya.lopez2@cshs.org or 323-866-2861.

Gifts of stock

Gifts of life insurance

Gifts of real estate

Income for life

Including Women's Guild in a will or estate plan

If you have any questions or comments, please contact the Women's Guild Office at 323-904-4400.